



# Y.L.C.

Y o u t h L e a d e r s h i p C a m p





Youth Leadership Camp

# PLEASE FILL IN THE INFORMATION BELOW

## Why Y.L.C?

Y.L.C is an innovative program designed to empower youth 13-17 with essential leadership and social development skills. Participants embark on a journey where they engage in dynamic workshops, team-building activities, and hands-on experiences that cultivate their leadership potential. Through interactive sessions led by experienced mentors, youth develop self-confidence, communication, problem-solving abilities, and collaborative skills in a supportive and encouraging environment. Y.L.C. fosters personal growth and empowers youth to become influential leaders equipped to positively impact their community and beyond.

## Mentors and Club Staff

Our dedicated two summer students, and our team of two experienced Drop In staff members will collaborate closely with each participant to empower participants in achieving their collective goals. Together, our club staff is committed to curating enriching opportunities and innovative ideas, ensuring that every participant's journey with us becomes a memorable and transformative experience that resonates for life long lessons and positive memories to look back on.

## Camp Life

Y.L.C takes place at BGC Riverview in our Tech Center, where we have a great environment that encourages youth to create new projects and plan events that will be sure to make some amazing positive changes in our club and community. We have a kitchen for cooking meals, and a gym for recreational programs. Hours are from 11:00-2:00 Tuesday-Friday. Youth will be transported by a club staff in one of our club vehicles for outings.

Member Name : \_\_\_\_\_

Address : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Age : \_\_\_\_\_ D.O.B : \_\_\_\_\_ Grade : \_\_\_\_\_

Medicare : \_\_\_\_\_ School : \_\_\_\_\_

Medical History (Allergies, ADHD, etc.) : \_\_\_\_\_  
Identifies As: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor : \_\_\_\_\_

Parents/Guardian Consent :

Emergency Contact : \_\_\_\_\_

**I give consent and approve of my child being a member of BGC Riverview from any liability in the event of an accident or death while a member of said organization. I also agree to abide by the rules and policies set out by BGC Riverview for protection and safety of it's members.**

Number : \_\_\_\_\_

Relationship : \_\_\_\_\_

Parents/Guardian Name (Print) :

Parents/Guardian Signature :

\_\_\_\_\_

\_\_\_\_\_



Parents Email :

\_\_\_\_\_