



# CO-ED YOUTH LEADERSHIP PROGRAM APPLICATION

## QUALIFICATIONS:

### All Leadership Applicants Must:

- Be a student currently enrolled in middle or high school.
- Be in good academic standing and have no attendance or disciplinary problems at their school.
- Complete this Youth Leadership Program Application.
- Attend orientation.
- Provide a copy of **Current** Report Card or **Current** “Unofficial” transcripts.
- Pay all tuition and fees via Camp S.W.A.G. Payments online at <https://cswag.org/membershiplevels/>, complete credit card information below (see page 8) or give us a call at (833) 226-7792, payment arrangements are available.

### New Leadership Applicant Submission and Process:

- Complete this Youth Leadership Program Application. Completed application can be emailed to [Membership@cswag.org](mailto:Membership@cswag.org) or mailed directly to Camp S.W.A.G.
- Provide a copy of **Current** Report Card or **Current** “Unofficial” transcript. Copies can be emailed to [Membership@cswag.org](mailto:Membership@cswag.org), mailed directly to Camp S.W.A.G.
- Once your application and payment have been received, you will immediately receive an email confirming of your application submission and payment confirmation. We will contact you within 48 hours with the orientation times and dates.
- Show proof of age via applicant’s Birth Certificate, State Driver License or State Identification Card at orientation (For Age Verification Only).
- If payment has not been received within 24 hours of applying, your application will be discarded. **We accept Visa, MasterCard, American Express and Discover Card.**

## CONFIDENTIALITY STATEMENT:

Camp S.W.A.G. does not share any information contained in this application with anyone other than pertinent Camp S.W.A.G. personnel.

## Tuition and Fees



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(Middle and High School Boys)

**Middle and High School Youth are in Separate Programs**

## Youth Leadership Program (3-Month Program)

\$350 plus a \$50 one-time non-refundable administrative fee and processing fee

**Total Price = \$400**

## Youth Leadership Program (12-Month Program)

\$4,500 plus a \$300 one-time non-refundable administrative fee and processing fee, which includes all uniforms

**Total Price = \$4,800**



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**Middle and High School Youth are in Separate Programs**

## MAIN CONTACTS (parent/guardian):

Member ID # (if applicable):	Referred by:
Name of Parent/Guardian (1):	Name of Parent/Guardian (2) :
Email of Parent/Guardian (1) :	Email of Parent/Guardian (2) :
Cell Phone (1):  Work Phone (1):	Cell Phone (2):  Work Phone (2):
Emergency Contact (Name, email, cell phone number)	Emergency Contact (Name, email, cell phone number)

## PARTICIPANT INFORMATION

Name (last, first)	Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address, City/State, Zip Code:		



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**Email:**

**Do you have any food allergies? If yes, please explain**

**What is your food? What is your favorite pizza?**

**Program of Interest:**

Middle School Youth	High School Youth
<input type="checkbox"/> 3-Month Program (January 1 <sup>st</sup> – March 31 <sup>st</sup> )	<input type="checkbox"/> 3-Month Program (January 1 <sup>st</sup> – March 31 <sup>st</sup> )
<input type="checkbox"/> 3-Month Program (April 1 <sup>st</sup> – June 30 <sup>th</sup> )	<input type="checkbox"/> 3-Month Program (April 1 <sup>st</sup> – June 30 <sup>th</sup> )
<input type="checkbox"/> 3-Month Program (July 1 <sup>st</sup> – September 30 <sup>th</sup> )	<input type="checkbox"/> 3-Month Program (July 1 <sup>st</sup> – September 30 <sup>th</sup> )
<input type="checkbox"/> 3-Month Program (October 1 <sup>st</sup> – December 31 <sup>st</sup> )	<input type="checkbox"/> 3-Month Program (October 1 <sup>st</sup> – December 31 <sup>st</sup> )
<input type="checkbox"/> 12-Month Program (October 1 <sup>st</sup> – September 30 <sup>th</sup> )	<input type="checkbox"/> 12-Month Program (October 1 <sup>st</sup> – September 30 <sup>th</sup> )

## SCHOOL INFORMATION

**Name of School:**

**Grade Level:**

**List of classes you are taking this semester:**



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## PARTICIPANT QUESTIONNAIRE

Please take a moment to answer the following questions honestly and in detail. This part of the application process is taken very seriously and we would love to hear your voice. This is an opportunity for the Youth Leadership Program Staff to get to know you a little better. This is an opportunity for self-reflection and self-awareness. *If you wish to type your answers on a separate sheet of paper, please include questions/statements with your answers and attach to the back of this application.*

What are your favorite subjects and why?

What are your least favorite subjects and why?

What subjects do you feel you need help with?

What subject(s) will you be volunteering to tutor with fellow leaders? **(12-Month Leadership Program Requirement Only)**

What three words come to mind when you think about leadership?



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## PARTICIPANT QUESTIONNAIRE CONTINUED

Do you currently see yourself as a leader?  Yes  No Please explain your answer:

What does being a leader mean to you?

Name any leaders that you admire and explain why you admire them.



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## PARTICIPANT QUESTIONNAIRE CONTINUED

Tell us a little about your likes and hobbies.

What do you feel is/are the most important issue(s) that youth face today?

Have you ever been bullied? If yes, how did it make you feel?

Have you ever bullied any of your peers? If yes, how did it may you feel?

Do you feel that you suffer from low self-esteem? If yes, please explain.



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## Youth Leadership Program Tuition Information

Camp S.W.A.G. Membership # (If applicable): \_\_\_\_\_  
Camp S.W.A.G. Members will receive a 10% discount on the program.

Participant Name: \_\_\_\_\_

### Payment Options:

- You can complete the credit card information below.
- Visit us online at <https://cswag.org/membership-account-2/membership-levels/> and submit your payment online.
- Give us a call at (833) 226-7792 to pay by phone.

**We accept MasterCard, Visa, Discover and American Express**

Credit Card Information	
Name on Credit Card/Debit Card:	
Credit Card Billing Address:	
Credit Card/Debit Card Number:	
Credit Card/Debit Card Expiration Date:	Credit Card/Debit Card CVC:
<p>By signing and dating below, I acknowledge and understand that my credit/debit card will be charged \$400.00 for the 3-Month Leadership Program or \$4,800.00 for the 12-Month Leadership Program inclusive of applicable non-refundable processing and administrative fee (see above for details). <b>PARTICIPATION IN THE "GAP" LEADERSHIP PROGRAM IS NOT COMPLETE UNTIL ALL PAYMENTS AND FEES ARE PAID IN FULL.</b></p> <p>This page will intentional be shredded once payment is rendered, unless payee requested to have information stored for future payments.</p> <p>Do you want Camp S.W.A.G. to store your credit card information? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Signature:	Date:





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**PLEASE READ, ACKNOWLEDGE THE FOLLOWING, SIGN AND DATE**

I understand the purpose of the Camp S.W.A.G. Leadership program and, if selected, I will devote the time and resources necessary to complete the program. Even though emergencies do arise, I will make every effort possible to attend all sessions, if accepted into the Camp S.W.A.G. Leadership Program.

I understand that all administrative and processing fees are non-transferable and non-refundable and I have read the Camp S.W.A.G. Refund Policy at <https://cswag.org/membership/code-of-conduct/>.

I have read and agreed to the Camp S.W.A.G. Code of Conduct, Policies and Acknowledgment and Assumption of Risks & Release and Indemnity Agreement at <https://cswag.org/membership/code-of-conduct/>.

Adult participant and/or parent of a minor participant agree: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and legally binding upon me, my spouse, participating minor child and other children, and my/my child's other family members, heirs, executors, representatives, subrogors, assigns and estate. An adult participant must complete the information and sign below. If the participant is a minor, the participant's parent must complete the information and sign below. Please note: the parent must sign below, both in his/her capacity as a participant, and as a parent of any participating minor child identified below.

**By signing and dating below, I have read and agree to Camp S.W.A.G. Policies, Code of Conduct and Acknowledgment and Assumption of Risks & Release and Indemnity Agreement.**

<b>Participant Name:</b>	<b>Participant Signature:</b>
<b>Participant's Birth Date:</b>	<b>Date:</b>
<b>Signature of Parent/Guardian of Participating Minor</b>	<b>Date:</b>



# **CO-ED YOUTH LEADERSHIP PROGRAM APPLICATION**

Submit completed application to

[membership@cswag.org](mailto:membership@cswag.org)

OR

Camp S.W.A.G.  
GAP Leadership Program  
P. O. Box 3392  
Cary, NC 27519



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## OFFICIAL USE ONLY

New Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Plan Elected:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Membership Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Membership ID #:</b>
If no, please explain:	
Parent/Guardian Name:	
Parent/Guardian Cell Phone:	
Parent/Guardian Email:	
Emergency Contact Name:	
Emergency Contact Cell Phone:	
Camp S.W.A.G. Staff Name:	
Camp S.W.A.G. Staff Signature:	
Date Application Processed:	

