



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2018-2019 School Day Off Program Registration Form

**Please Print**

1<sup>st</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M/F Age: \_\_\_\_\_  
Physical Conditions/Special Needs \_\_\_\_\_  
Medications/Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade '18-'19 School Year \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M/F Age: \_\_\_\_\_  
Physical Conditions/Special Needs \_\_\_\_\_  
Medications/Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade '18-'19 School Year \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency contact other then parent/guardian  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other authorized persons to pick up participant other then parent/guardian  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Information  
Child's Doctor \_\_\_\_\_ Doctor's # \_\_\_\_\_ Hospital preference \_\_\_\_\_  
Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Please Read Each Statement Carefully and Initial Each Line

- \_\_\_\_ 1. You must registered by 5:00pm the day before service.
- \_\_\_\_ 2. I understand that the YMCA does not offer medical insurance for participants.
- \_\_\_\_ 3. I give my permission for my child to participate in all supervised activities for this YMCA program.
- \_\_\_\_ 4. Children need to bring lunch with a drink and a swim suit with a towel daily.
- \_\_\_\_ 5. The Y may close the facility early due to unsafe weather conditions. We will notify parents immediately and ask that parents pick up their children promptly.
- \_\_\_\_ 6. The Y will not admit or maintain any child whose needs we cannot meet or whose behavior would be dangerous for other children or personnel in the program.
- \_\_\_\_ 7. Personal items are allowed, but must have the child's name on it.

I have read, understand and agree to all of the above and would like to submit my application as completed. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_