

Afterschool Program Registration Form

2019 2020 School Year

Please Print
(one per child)

Child's Information:

Location: _____

Name: _____

Date of Birth: _____ M F Age: _____ Grade: _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian:

Name: _____

Home # _____

Work # _____

Cell # _____

Email _____

Parent/Guardian:

Name: _____

Home # _____

Work # _____

Cell # _____

Email _____

Emergency Contact:

Name: _____

Home # _____

Work # _____

Cell # _____

Who is Authorized to pick up Child:

(only the names listed will be eligible for pick up)

Please indicate if your child is experience or has experienced any of the following:

Condition	Yes	No	Details

Authorizations: In the unlikely event that the participant named above is injured or becomes seriously ill while at the YMCA, and I cannot be reached, I authorize YMCA senior staff to seek and authorize any and all hospitalizations, medical, dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with YMCA programs, it is agreed that the YMCA and its staff and volunteers are released from all liability for injury to the above named participants or for loss or damage to personal property. Yes No

Signature of Parent _____ Date _____