

**Wayne County YMCA**  
**After School Camp at Wallenpaupack 2016 – 2017**  
**For Kindergarten – 5<sup>th</sup> Graders**  
**Registration Form**

Name: \_\_\_\_\_ Gender: \_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Member: \_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Siblings Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

**Emergency Contact: If parents can't be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

**Pick Up Authorization: Names and phone numbers of the people allowed to pick up your child:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Notes:** (Please Notify us of any issues pertaining to parental or family contact with this child. P.F. A's etc.)

\_\_\_\_\_

**Agreement**

I have read & understand the information above. I wish to register my child for After School Camp with YMCA. I agree to pay the rate of \$7.00/day (member) or \$9.50/day (non-member) for each day my child is scheduled to attend the program. \* Financial Assistance Available \*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6 Month Update of Agreement and Emergency Contact**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Field Trip Permission and Photo Release Agreement**

1. I authorize and give permission for my child to go on field trips with Wayne County YMCA After School Camp.
2. I give permission to the YMCA to use the photograph or likeness of my child for the purpose of educational or promotional matter.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_