



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MONROEVILLE AREA YMCA After School Academy

One Per Child

**Students Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade Level (Entering Fall 2016):** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Parents/ Guardians Name:** \_\_\_\_\_  
**Parents/ Guardians Cell:** \_\_\_\_\_ **Cell 2:** \_\_\_\_\_  
**Parent/ Guardian Email:** \_\_\_\_\_

**Emergency Contact:**  
**Name:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_  
**Work:** \_\_\_\_\_

**The following people (in addition to the person listed above) are authorized to pick-up my child:**

**Pick-Up #1 Name:** \_\_\_\_\_  
**Pick-Up #1 Cell:** \_\_\_\_\_  
**Pick-Up #2 Name:** \_\_\_\_\_  
**Pick-Up #2 Cell:** \_\_\_\_\_

**Optional - Additional authorized pick ups**

**Pick-Up #3 Name:** \_\_\_\_\_  
**Pick-Up #3 Cell:** \_\_\_\_\_  
**Pick-Up #4 Name:** \_\_\_\_\_  
**Pick-up #4 Cell:** \_\_\_\_\_  
**Pick-Up #5 Name:** \_\_\_\_\_  
**Pick-Up #5 Cell:** \_\_\_\_\_

**Please list allergies and/ or medications:**

**Is there anything else we should know about your child (Medical/ Social Concerns)?**

**Please Circle Location:**  
**MES , J.U.B , Excel**

As the parent of the camper, I authorize my child to attend and participate in all prescribed YMCA camp activities I give the Program Director and any other designated camp staff to administer first aid in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscious effort will be made to locate me or my spouse before action is taken. I understand and accept that this expense will be my responsibility.

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

### Office Use Only

**Check When Completed**  
**Registration Fee: \$15 Paid: \_\_\_\_\_**