

**Dates**  
**March 19<sup>th</sup> – 23<sup>rd</sup>**



**Cost for Child Care per Day per Child**  
**Members: \$10.00**  
**Nonmembers: \$15.00**

**Ages 3-12**

**7:00AM – 5:30 PM**

**Registration Form**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

**We will provide your child with a nutritious Morning and afternoon Snack**  
**Please pack your child a lunch**

I certify that this child is in normal health and capable of participating in the YMCA youth activities. I do acknowledge the risk of injury is possible. I grant permission for my child to play and in doing so I hereby release any and all rights and claims for injuries and damages I may have against the YMCA their board, Managers, employees, volunteers. If medical attention is required, I give my permission for such medical care when either I or the emergency contact person cannot be notified. I understand that the YMCA does not carry accident insurance on program participants.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_