



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MONROEVILLE AREA YMCA

After School

One Per
Child

Students Name: _____ **Age:** _____

Date of Birth: ____/____/____ **Grade Level (Entering Fall 2025):** _____ **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)?

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: _____

Weekly Rates : Members \$40 Programs Participants \$50