

OFFIC	E USE ONLY
Start Date:	
Received Date	

PROGRAM								
☐ Preschool		☐ Bef	ore School Progra	m	Пи	Limits/ Strive (Grades 9-12)	
Learn to Swim Less	ons	_	er School Program		_	tersession/ Sum		n
Judo/Ballet	00113		b MID (Grades 6-8			mmer School Sp	-	
<u> </u>			b Wild (Grades o e	<u>,, </u>		<u> </u>	ceidiy Samme	
Session/ Dates					Fee/Co)St		Total Cost:
CHILD/YOUTH'S INFORMATION	ON (Plea	ase print c	learly)					
1ST CHILD'S/YOUTH'S LAST NAME	F	FIRST NAME				GENDER MALE	FEMALE	RETURNING PARTICIPANT YES NO
BIRTH DATE (MM/DD/YYYY)	AGE	SC	CHOOL NAME					GRADE
	<u> </u>							
2ND CHILD'S/YOUTH'S LAST NAME	F	FIRST NAME				GENDER MALE	FEMALE	RETURNING PARTICIPANT YES NO
BIRTH DATE (MM/DD/YYYY)	AGE	SC	CHOOL NAME					GRADE
3RD CHILD'S/YOUTH'S LAST NAME	F.	FIRST NAME				GENDER MALE	FEMALE	RETURNING PARTICIPANT YES NO
BIRTH DATE (MM/DD/YYYY)	AGE	SC	CHOOL NAME					GRADE
			I: () ::I I					
FAMILY INFORMATION (Applie	es to Pare	ent(s)/Guar	dian(s) with whom	child legally resides.	Non-custod	lial parent inform	ation is reques	sted below.)
FAMILY INFORMATION (Applied CURRENT MAILING ADDRESS (Number 1987)			dian(s) with whom	child legally resides.	Non-custod	lial parent inform	STATE	ZIP CODE
			dian(s) with whom		Non-custod	lial parent inform		
	er/ Street)							
CURRENT MAILING ADDRESS (Numbe	er/ Street)	SHIP? []		CITY			STATE	
CURRENT MAILING ADDRESS (Number DO YOU HAVE A YMCA FAMILY M	er/ Street)	SHIP? [](NO YES	CITY	JR MEMBEF		STATE	ZIP CODE
CURRENT MAILING ADDRESS (Number DO YOU HAVE A YMCA FAMILY M	er/ Street) IEMBERS iin Contact	SHIP? [](NO YES	CITY IF YES, WHAT IS YOU	JR MEMBEF	R NUMBER?	STATE	ZIP CODE
CURRENT MAILING ADDRESS (Number DO YOU HAVE A YMCA FAMILY M	er/ Street) IEMBERS iin Contact	SHIP? [](NO YES	CITY IF YES, WHAT IS YOU	JR MEMBEF	R NUMBER?	STATE	ZIP CODE
CURRENT MAILING ADDRESS (Number DO YOU HAVE A YMCA FAMILY METER PARENT/GUARDIAN'S LAST NAME (MacCell Phone Parent/GUARDIAN'S LAST NAME)	EMBERS in Contact	SHIP?	NO YES FIRST NAME WORK	IF YES, WHAT IS YOU	JR MEMBER	R NUMBER? IL (Required)	STATE	ZIP CODE TO PARTICIPANT
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Child's/Youth's Last Name		First Name	
EMERGENCY CONTACTS/ AUTHORIZED P	PICK-UP (Required) List two	contacts other than pa	arent(s)/guardian(s).
LAST, FIRST NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE
LAST, FIRST NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE
LAST, FIRST NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE
MEDICAL INFORMATION			
PHYSICIAN	CHOICE OF HOSPITAL		PHONE
Please indicate child's name and explain			
Allergies?			
Medical Conditions?			
Medication?			
Activity Limitations?			
Other?			
MEDICAL CARE AUTHORIZATION (ALL PA	ARTICIPANTS)		
authorized person listed above. The YMCA mauthorized person designated. If the authoritake my child to the nearest hospital or clinic NAME OF MEDICAL INSURER SIGNATURE	zed person, the physician, or I c	an't be promptly reached	
NAME OF MEDICAL INSURER SIGNATURE		DATE	
PAYMENT/ CANCELLATION POLICY (ALL	<u> </u>	nent for program is due u	upon registration. There will
Membership must remain active in order to rebe no refunds/credits or makeups for unused or expelled from the program and/or YMCA for director for the corresponding department. A credits up to and including the first day of prower the YMCA reserves the right to make program a refund/credit without a withdrawal fee will inclement weather or natural disaster posing *For youth programs, monthly payment is dudays of the month, your child will be withdraw on the payment schedule within your program \$5.00 per day (up to \$25.00 max) will be associated the card payments returned from your final writing before the end of the child's last month.	etain the preferred pricing. Payn //missed days. A refund/credit wor behavior and/or safety violation non-refundable withdrawal feed or common or fund for each of the common of the com	will not be issued for any ons. Refunds/credits must of 30% (up to \$50) will be ssued for withdrawals afwhen unforeseen circums need arise for the YMCA reticipants, a refund or crest the monthly fee is not per are distributed through efunds for unused/misses 25.00 fee will be applied	participant who is suspended at be approved by the program be assessed for all refunds/ ter the first day of program. It tances occur, in which case, to close its facilities due to edit will not be issued. It is a listed days. A late payment fee of it for any returned checks or
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