



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

18 Parkside Drive Suffern, NY 10901

bhallissey@rocklandymca.org

REGISTRATION FORM

Child's Name _____ Gender _____ Birthdate ____/____/____

YMCA Annual Membership Youth ages 1-12 = \$80 Teen—ages 13-18 = \$115		\$
Class#1		
Class#2		
Class #3		
	TOTAL	\$

FAMILY INFORMATION

Parent/Guardian _____ Parent/Guardian _____

Home Address _____

Street City State Zip

Cell Phone: _____ Home Phone: _____ Email Address: _____

EMERGENCY INFORMATION / RELEASE OF CHILDREN

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

_____ Ok to pick up child _____ Ok to give emergency info

ARE THERE ANY MEDICAL ISSUES OR ALLERGIES?

_____ No _____ Yes (please include a care plan) Medications (the YMCA does not dispense medication)

List any medication (s) regularly taken: _____

PERMISSIONS

_____ Yes, in the event I, or my emergency contacts, am not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat my child. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

_____ Yes, I give the Rockland County YMCA permission to use my child's photograph for public relations and / or marketing purposes.

_____ Yes, I my child is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

_____ Yes, in consideration of my child's participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators,