



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TEENS NEED SUMMER CAMP TOO!

Summer Teen CAMP
Yonkers Family YMCA

Ages 13 - 16
Space is Limited!



June 27, 2016 – August 19, 2016

17 Riverdale Avenue

Yonkers, NY 10701

914-963-0183 (x21)

Email: youthd@yoymca.org

<http://www.yoymca.org>

Attn: Mr. Donald Golding Jr. or Ms. Quintele Carmichael

Yonkers Family YMCA * 17 Riverdale Avenue, Yonkers, NY 10701 * (914) 963-0183 * <http://www.yoymca.org>

Registration form valid from April 1, 2016 – July 31, 2016



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PAYMENT INFORMATION (PLEASE PRINT CLEARLY)

Parent's Name		Child's Name	
Full Address			
City	State	Zip	
Home Phone	Work Phone	Other Phone	
Place of Work			

PARENT/GUARDIAN AGREEMENT

- ✓ Weekly payments are due in a timely manner. If payments exceed 1 week the child will not be permitted to attend program until a payment is made
- ✓ All changes to my child's schedule of care must be made in advance.
- ✓ I grant permission to the Yonkers Family YMCA to take pictures, record video and produce sound tracks that may include my child, for the purpose of fund raising in conjunction with the YMCA's charitable status, with no remuneration, reduced fees, favors, benefits, bonuses or advantage of any kind while my child is involved in YMCA programs.
- ✓ I agree that should I pick up my child late I will pay a late fee of \$15.00 for every 15 minutes that I am late. Late fees must be paid when the lateness issue occurs.
- ✓ Your child is subject to passing an interview with the youth department before being permitted into the program.

<i>Fees</i>	
Required Application Fee (Non- refundable)	\$30.00
Weekly Program Fee (Scholarships for 2 or more youths) – Minimum 2 weeks in advance payment	\$100.00
Optional Automatic Payment (circle one)	YES NO
How would you render payment (circle one)	MasterCard VISA Check Cash

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF WITH AGREEMENT TO THE ABOVE

Parent / Guardian Signature	Date



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Additional Requirements for Parents and Teens

As per this agreement, if late payments exceed 1 Week the child will not be permitted to attend the program until a payment is made. Your Teen must respect all rules and regulations of the YMCA. All staff and peers must be respected by parent and applicant. There will be no cursing or inappropriate language during program participation or in the YMCA Facility. Appropriate attire is required during program participation. Thus, no sagging pants, no hoodies or hats on in the building. Teen must be on time to program unless the YMCA receives a phone call or email in advance.

Disregard for any of the rules above may be grounds for dismissal from the program.

Parent/Guardian Signature _____ Date _____

Additional Notes from Parents

Parent/Guardian Signature _____ Date _____



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Child's Name		M/F	Birth Date		Age
Home Address		City		State	Zip
Home Phone		School		School Phone	
In case of emergency, who should we contact first?					
Mother/Guardian Name			Father/Guardian Name		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone		Work Phone		Work Phone	
Place of Work			Place of Work		

EMERGENCY CONTACT INFORMATION

In case of emergency, and the YMCA is unable to reach the parent/guardian above, the following individual has permission to make decisions regarding the care of my child, including permission to pickup my child from the YMCA in case of an emergency or dismissal from the YMCA.

Name		Relationship to Youth			
Home Phone		Work Phone			
Home Address		City	State	Zip	

HEALTH INFORMATION (Indicate "yes" where it applies and explain if necessary. Include attachments if appropriate.)

Asthma		Convulsions		Emotional/Psychological		Hay Fever	
Diabetes		Hearing		Learning Disabilities		Poison Ivy, etc.	
Special Diet		Vision		ADD/ADHD		Insects	
Physical Restraints		Illness		Heart Defects		Medication Allergy	
Hypertension		Injury		Other		Food Allergy	
Mononucleosis						Penicillin Allergy	
Has this person menstruated? Yes <input type="checkbox"/> No <input type="checkbox"/>						Other Allergies	
Is menstrual history normal?							
Other medical considerations:							

HEALTH

Is this child currently taking a prescribed or over the counter medication? **Yes** **No**
 Are you covered by any hospitalization/medical care policy? **Yes** **No**

Name of Insurance Company	Phone #
Address	City/State/Zip
Policy Holder's Name	Holder's SS #
Holder's D.O.B.	Policy #
Name of Physician	Phone #
Name of Dentist	Phone #
Name of Specialist	Phone #