



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**YMCA of Central Texas
Youth Program Registration Form 2011-2012
Waco ISD**

Circle Afterschool Program:

Mountainview

Parkdale

Viking Hills

Alta Vista

Dean Highland

Crestview

**Price: 1st Child / \$30.00 Each Child Thereafter / Will have a \$3.00 discount
There will be a \$20.00 registration/supply fee assessed for each child.
Sliding scale financial assistance is available.**

Child's Name _____ Member # _____

Date of Birth _____ Age _____ Grade _____ Sex _____

Home Address _____ City _____ Zip _____

Home Phone _____

Father's Name _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Father's Drivers' License # _____

Mother's Name _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Mother's Driver's License # _____

Emergency Contact _____ Phone Number _____

I authorize the following people to pick up my child from the YMCA of Central Texas:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



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Special Instructions/Allergies:

School Information:

School _____

School Phone _____

Enrolled from _____ To _____ Days and Hours attending _____

Doctor's Name _____ Doctor's Phone # _____

Hospital Preference _____ Insurance Co. _____ Policy # _____

This child is in good health and is able to participate safely in these activities. I do not hold YMCA of Central Texas responsible for any accident or injury to this child. In the event of accident or emergency, I hereby give my permission for YMCA of Central Texas, its agents or assigns, to seek and obtain any professional medical attention that might be required.

You have my permission to use photography in which my child (or ward) appears for YMCA of Central Texas publicity (circle one): YES NO

Parent's Signature _____

Date _____