



Southtowns YMCA Vacation Club

Registration Information



CHILD'S INFORMATION

Please Circle:

Child's Name: _____ Male or Female Age _____

Address: _____

Home Phone #: _____ Elementary School: _____

PARENT/GUARDIAN INFORMATION

⇒ Mother/Guardian Name: _____ Home #: _____

Work #: _____ Cell #: _____ Email: _____

⇒ Father/Guardian Name: _____ Home #: _____

Work #: _____ Cell #: _____ Email: _____

EMERGENCY CONTACT INFORMATION (If parent/guardian cannot be reached)

⇒ Name: _____

Phone #: _____ Relationship to Child: _____

Please remember that anyone that is picking up a child at Vacation Club must show valid ID

INDIVIDUALS AUTHORIZED FOR PICK UP (other than those listed above)

⇒ Name: _____

Phone #: _____ Relationship to Child: _____

⇒ Name: _____

Phone #: _____ Relationship to Child: _____

Please remember that anyone that is picking up a child at Vacation Club must show valid ID

ADDITIONAL INFORMATION (Special Needs, Allergies, Medication, Behavioral/Emotional Issues, Swimming Ability, any other information staff should know etc...) Please be as specific as possible.

If your child requires medication (Epi-pen, Tylenol, Inhaler, etc.) a consent form **MUST** be filled out prior to the child attending the program.

AGREEMENT (please check all that apply)

Enrollment: I agree to enroll my child in Vacation Club and have read the above policies regarding fees and registration.

Swimming: My child is permitted to participate in swimming activities (please circle) YES NO

Emergency Medical Care: I agree that, in the case of an injury, emergency medical care may be given by staff.

Correct Information Given: I have provided all necessary information on this form to assist the staff in caring for my child (Allergies, medication, dietary needs, medical issues, etc)

Parent Signature: _____ Date: _____