



YMCA OF THE SUNCOAST PROGRAM REGISTRATION

Child's Name		Class Name Summer Experience 2018	
Address			School Attending
Birth Date		Special Needs/Allergies (Please explain)	
Age	Gender <input type="radio"/> Male <input type="radio"/> Female		
PARENT INFORMATION: ALL PARTICIPANTS YOUNGER THAN 18 MUST HAVE PARENT OR GUARDIAN SIGNATURE			
Parent/Guardian Name		Phone Number	Date Of Birth
Parent/Guardian Name		Phone Number	Date Of Birth
Email Address (Your email will be used as your membership login at ymcasuncoast.org)			
EMERGENCY CONTACTS			
Outside of parents, emergency contacts may serve as additional parties who are authorized to pick up your child from the YMCA program. All persons — including parents — will be asked to present identification at time of pickup.			
Emergency Contact Name		Phone Number	
Emergency Contact Name		Phone Number	
PARENT/GUARDIAN PERMISSION			
I give my student permission to attend the YMCA program named above.			
Liability Insurance/Photo Release: I understand the YMCA carries only liability insurance. Participants are responsible for providing their own accident insurance. I give my child and myself permission to participate in all activities and programs scheduled by the YMCA. I give my permission to the YMCA staff to authorize emergency medical treatment. I give the YMCA permission to take photos of my child participating in YMCA sponsored programs. I understand that those photos may be used in promotions for the YMCA and are the sole property of the Y.			
Parent Signature			Date

Registration forms may be dropped off at or mailed to the YMCA, faxed to **888 206 1244** or emailed to **dreed@ymcasuncoast.org**.