FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKEWOOD-TRUMBULL YMCA

Y Fun Club Registration & Release Form

Participant's First Name_____ Last_____ Boy___ Girl_____

Address_____ City_____ State _____ Zip_____

Date of Birth _____ Age entering program._____ mos._____ Grade entering in Sept._____ Child lives with_____

Parent # 1_____ Parent # 2_____

Home Address_____ Home address_____

Please Check Which Phone Number You Would Like Used As Primary Contact Number

☐ Home Phone # ( )_____ ☐ Home Phone # ( )_____

☐ Cell Phone # ( )_____ ☐ Cell Phone # ( )_____

☐ Work Phone # ( )_____ ☐ Work Phone # ( )_____

E-Mail Address_____ E-Mail Address_____

(Weekly communications will be emailed to the e-mail addresses provided.

If a parent cannot be reached, give name and relationship of person to be called in case of emergency.

Name:_____ Relationship:_____

Home # ( )_____ Work # ( )_____ Cell # ( )_____

Does your child require special accommodations (social, behavioral, medicine)? No_____ Yes _____

Parent/Guardian Permission:

I hereby give permission for my child to participate in all activities that are part of the program. I understand there are risks associated with activities and programs in which my child is a participant. I hold the Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I grant permission to have my child transported to one the YMCA's other facilities in case of inclement weather. I also grant permission for any pictures taken of my child while in the program to be used for publicity and promotional purposes.

Guardian Authorization:

In order to ensure the well-being of all our participants and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The YMCA WILL require photo I.D. to release any child to an authorized pick up person listed on this form. I authorize the YMCA to release my child to the custody of the following people other than me:

Name: _____ Relationship_____

Name: _____ Relationship_____

Name: _____ Relationship_____

Name: _____ Relationship_____

The YMCA is required to permit either parent to pick up the child unless the YMCA is furnished with a copy of a court order to the contrary. Please list below any persons not authorized to pick-up this participant and attach a copy of the court order.

Name: _____ Relationship_____

Name: _____ Relationship_____

I understand that the Central Connecticut Coast Young Men's Christian Association, Inc. (the "Parent Company") and all of its branches are a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the child in the YMCA programs, I release, on behalf of the child, myself and members of the child's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers from all claims of damage or loss to the child's property and claims of personal injury or property damage caused to others by the child, including injury or damage to YMCA property or personnel.

I understand the financial requirements, registration, payment obligations and deadlines as outlined.

I have read the above and agree to the terms and conditions.

Signature of Parent/Guardian _____ Date_____

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LAKEWOOD-TRUMBULL YMCA SUMMER CAMP
Y Fun Club Registration Form

Participant's Full Name_____

Please select the appropriate Y Fun Club program and options for your child. In the event that there is a snow day or emergency closing in the Monroe/Trumbull Schools or it is highly likely the schools will close, you will receive a communication from the Lakewood-Trumbull YMCA informing you the program is available. You will need to contact the Y to inform them that you will need the programs selected below. Your account will be charged for those programs.

In the event that the YMCA closes due to weather, you will be notified. If the YMCA closes after registering your child for the Y Fun Club program, you will be refunded the program in full. For general closing information, please sign up with CTWeather.com and select YMCA in Public Organizations.

1/2 DAY PRESCHOOL PROGRAMS: 3 – 5 YRS OLD

☐Registration Fee Member $10 Non Member $10	☐Preschool 1/2 Day Member $29 Non Member $59	☐Pre Care Member (Free) Non Member $5	☐Post Care N/A

FULL DAY PRESCHOOL PROGRAMS: 3-5 YEARS

☐Registration Fee Member $10 Non Member $10	☐Preschool Full Day Member $45 Non Member $89	☐Pre Care Complimentary	☐Post Care Member $20 Non Member $20

FULL DAY SCHOOL AGED PROGRAMS: K-7TH GRADE

☐Registration Fee Member $10 Non Member $10	☐Preschool Full Day Member $45 Non Member $89	☐Pre Care Complimentary	☐Post Care Member $20 Non Member $20

Method of Payment

[ ] Charge to Debit or Credit Card [ ] American Express [ ] MasterCard [ ] VISA

Your credit card will be swiped at the Y Branch or can be provided over the phone.

Cardholder Name _____Address of the Card Holder _____

I authorize the Lakewood-Trumbull Y to automatically charge my Y Fun Club payment(s) when due. Please initial _____

Communication Authorization

[ ] I authorize the Lakewood-Trumbull YMCA to email Y Fun Club program information to this E-Mail Address

_____ _____ _____

[ ] I authorize the Lakewood-Trumbull YMCA to text message Y Fun Club program information to these cell phone numbers

Cell Phone_____Carrier_____Cell Phone_____Carrier_____

The Lakewood-Trumbull YMCA will not be responsible for any charges or fees associated with your receipt of Y Fun Club program communication.

LAKEWOOD-TRUMBULL YMCA
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