



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL'S OUT @ B. YOUNG REGISTRATION

PLEASE FILL OUT ONE FORM PER CHILD COMPLETELY

Child's Name _____ Age _____

Address _____ Town _____ Phone _____

Persons authorized to pick up child or contact in case of emergency:

PARENTS Name _____ **Work/ Cell #** _____

PARENTS Name _____ **Work/ Cell #** _____

Name _____ Relationship _____ Phone _____

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If divorced or separated with whom does the child live? _____

Does non-custodial parent have the right to visit or transport child to and from the center?

Anything we should know about your child's health history (allergies, medications, etc.)

Doctors Name _____ Phone _____

Insurance company _____ Policy # _____

In case of emergency and parent cannot be reached and immediate medical assistance is necessary, my child may be taken to the hospital and treated by the emergency room physician.

Signature _____ Date _____

PARENT PERMISSIONS

I understand that in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.

I give permission to the YMCA of Burlington County to use any photos of my child taken during School's Out for promotional purposes.

My child is in good health and can participate in normal activities of the program

Parent's Signature _____ Date _____