



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MLK Holiday Camp • LAWTON FAMILY YMCA

1 Date: Monday, January 21, 2019
Members: \$25.00 Community Participant: \$35.00

2 Participant Information: Y Member Community Participant

Participants Name: _____ Age _____ DOB / / _____
Address _____ City _____ State _____ Zip Code _____
Grade _____ School _____ Gender _____
**Ethnicity _____

3 Parent/Guardian Information: Y Member Community Participant

Parent's Name: _____ DOB / / _____ Gender _____
Address _____ City _____ State _____ Zip Code _____
Home Phone # _____ Cell Phone # _____
**Ethnicity _____ Military Active Retired None

4 Emergency Contact:

Contact's Name: _____ Relationship _____
Home Phone # _____ Cell Phone # _____

5 For Our Information :

How did you hear about the Holiday Camp?
 Facebook School Flyer Bulletin Board
 Friend/Referral: _____ Other: _____

** Any information such as Ethnicity, Gender, and Age are collected for all current LFY Programs.
**This data helps us apply for program grants and funding. THANK YOU!

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Camp details:

Your child will be enjoying activities around the YMCA.

Items Needed:

Each Camper will need a lunch, a snack and swim suit & towel. Please have your child eat breakfast before arriving at the YMCA. Tennis shoes must be wore at all times. NO SANDALS OR FLIP FLOPS PERMITTED.

Initial: _____

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Permission:

I hereby **DO** **DO NOT** give my consent for my child's pictures to be taken and used for promotion purposes. This includes brochures, flyers, seasonal guides, videos, websites and any other promotional purpose as deemed appropriate by the Lawton Family YMCA.

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Waiver & Agreement:

By signing below, I authorize the YMCA to provide emergency treatment. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless of any claims of damage or loss of any property of injury to persons that may occur through participation in any activity at the YMCA or in its programs.

Parent/Guardian Signature: _____

Staff Only: Cash Credit Check

Notes:

Date: / / Staff