

Parent/Guardian (please print)

YMCA at Herricks Summer Recreation Registration

125 Dosoris Lane Glen Cove, New York 11542 herricks@ymcali.org

Child's Name		Date of Birth		Circle One: Male Female	
Address					
City State		Zip Code		Phone	
Mother's Name	Cell Phone	Cell Phone		Email	
Father's Name Cel		Cell Phone		Email	
Home School Grade (ent		ntering as of 9/2	2024)		
Check off additional Herricks Su	mmer Programs your	child will be par	ticipating	in: ESY Music	
Sur	nmer Recreation	Programs (Ch	eck optio	ns below)	
Half Day	Full [Full Day		Teen Full Day	
() 5 Weeks	() 5 Weeks		()5 Weeks		
() Half Day Kindergarten	() Full Day Kindergarten		() Grades 6,7,8,&9		
() Half Day Grades 1,2,3,4,&5	() Full Day Grades 1,2,3,4,&5				
Emergency C	ontacts Authoriz			n parent/guardian)	
Relationship Cell Phone		Relationship		Cell Phone	
Unauthorized To Pick Up (documentation required/please attach)			Medical Information (please list allergies and medications)		
		Allergies	Allergies		
		Medicatio	Medications		
Special Requests:					
in all the Summer Recreation activities pl publication. I must have a medical form	anned for the days attended on file, completed and sig the policies outlined abov	d. I understand that a gned by physician, w re. I understand tha	any photogra ith the YMCA t on/before	gives permission for him/her to participate phs taken during the session may be used for before the first day my child begins the May 31, 2024, a 25% administration NO REFUNDS will be issued.	

Signature

Date