



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 _____ Email _____

Father's Name _____ Cell Phone _____ Email _____

Home School _____ **Grade** (entering as of 9/2025) _____

Check off additional Herricks Summer Programs your child will be participating in: ____ **ESY** ____ **Music**

Summer Recreation Programs (Check options below)

Half Day	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 Contacts Authorized To Pick Up (other than parent/guardian)

Name _____

Name _____

Relationship _____ Cell Phone _____

Relationship _____ Cell Phone _____

Unauthorized To Pick Up
(documentation required/please attach)

Medical Information
(please list allergies and medications)

Allergies _____

Medications _____

Special Requests: _____

The UNDERSIGNED, the Parent or Guardian of _____, gives permission for him/her to participate in all the Summer Recreation activities planned for the days attended. I understand that any photographs taken during the session may be used for publication. I must have a medical form on file, completed and signed by physician, with the YMCA before the first day my child begins the program. I have read and will adhere to the policies outlined above. **I understand that on/before May 31, 2025, a 25% administration fee will be charged if any part of my child's session needs to be refunded. After May 31, 2025, NO REFUNDS will be issued.**

Parent/Guardian (please print)

Signature

Date