



YMCA OF LONG ISLAND

TWEEN TAKEOVER PROGRAM

REGISTRATION FORM 2025-2026

Tween Name: _____		DOB: _____	Age: _____	Sex: _____
Address: _____		City: _____	Zip: _____	
School: _____		Grade: _____		
Parent/Guardian 1		Parent/Guardian 2		
Name: _____		Name: _____		
Cell #: _____		Cell #: _____		
Home/Work #: _____		Home/Work #: _____		
Email: _____		Email: _____		
List all allergies/medications/medical conditions: 				
Authorized Pick Ups:		Emergency Contacts (other than Parent/Guardians)		
Name: _____		Name: _____		
Name: _____		Phone#: _____		
Name: _____		Name: _____		
Name: _____		Phone#: _____		

Parent/Guardian Agreement:

1. I hereby certify that _____ is in 3rd through 6th grade, is in good health and capable of participating safely in the YMCA Tween Program.
2. I hereby authorize the YMCA Directors to act on my behalf in the case of an emergency.
3. I give my child permission to participate in all activities of the YMCA Program.
4. I will drop-off my child no more than 15 minutes after the start of the program. After that time, my child will not be allowed to participate that night. I am responsible to arrange for my child to be picked when the program ends. Failure to pick up my child within the designated time may result in my child's suspension from the program. No child will be released without an approved Parent/Guardian. Parent/Guardians must be over 18 and must come into the facility to pick up their child from their assigned room.

Signature of Parent/Guardian: _____ DOB: _____ Date: _____

FOR OFFICE USE: Registration Date: _____ Staff Sign-Off: _____