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 9/2026) ____

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 _____

Relationship _____ Cell Phone _____

Name _____

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, 2026, a 25% administration fee will be charged if any part of my child's session needs to be refunded. After May 31, 2026, NO REFUNDS will be issued.**

_____ _____ _____

Parent/Guardian (please print) **Signature** **Date**