



YMCA Youth Programs

Langara Family YMCA Youth Registration Form

Child's Name (First / Last) _____ Date of Birth (year/mm/dd) _____ Sex M F

Address _____ Grade (September 2011) _____ Elementary School _____

City, Province, Postal Code _____ Parent's/Guardian's Email _____

Parent's/Guardian's Name (1) _____ Parent's/Guardian's Name (2) _____

() _____ () _____ () _____ () _____
Home Phone Work Phone Home Phone Work Phone

Alternative Emergency Contact

Primary Emergency Contact _____ Address _____

() _____ () _____
Home Phone Work Phone City, Province, Postal Code _____

Health Information

Health Care Number _____ Swim Level _____

Doctor's Name _____ Phone Number _____

Please list any allergies, medical conditions, medications, or special assistance your child will require.

Please note any other information that will help us enhance your child's experience.

Authorized Pick-Up Information

Please list who is AUTHORIZED to pick up your child.

Please list anyone who CANNOT pick up your child.

Custody: Mother Father Both Other: _____

YMCA ACTION KIDS only: Will your child be using the walking school bus? YES NO

(Must attend Sexsmith, Van Horne, or Jamieson Elementary School)

Authorization

In permitting my child to attend YMCA Youth Programs, I, the undersigned permit my child to participate in the full range of activities and authorize the Youth Director or their appointee, in the event of accident or illness affecting this above named camper to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the program is not responsible for Medical Care cost.

Parent's/Guardian's Signature _____ Date _____

I authorize the YMCA to use any photos of my child obtained while engaging in YMCA programs to create a story for publication in our newsletters, annual reports, brochures, websites, or other YMCA promotional purposes.

Parent's/Guardian's Signature _____ Date _____

FOR OFFICE USE ONLY

Last Name: _____

First Name: _____

Member ID: _____

REQUIRED FOR

YMCA Action Kids

Camps

Childminding

Early Years Programs

REGISTRATION OPTIONS

In person at the Langara Family YMCA

By phone: 604.324.9622

Online: www.myyymca.ca

REFUND POLICY

Cancellations for YMCA Action Kids will be accepted up to 24 hours before program start. Otherwise the day's fee will be forfeited by the payer.

A \$10 dollar administration fee is charged for Camps, District Closure, and Preschool Programs as long as the cancellation is done greater 2 weeks before program start. If cancelled within 2 weeks, the fee is \$50.

YMCA ACCESS PROGRAM

At the YMCA we want to make sure that all children and youth have an opportunity to benefit from a YMCA experience. The YMCA offers subsidies and payment plans to assist those whose financial circumstances would otherwise prevent them from affording a YMCA program. For a confidential application or more information please contact us.

CONTACT US

Langara Family YMCA
282 West 49th Avenue
www.LangaraYMCA.ca

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Fax. 604.324.6152

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