



YMCA of Reading and Berks County Summer Playground Registration Form

Playground Location: Leesport Maiden creek Topton Willow Glen

Child's Name: _____

Phone: _____ Email: _____

Birthdate: _____ Age: _____ Gender: M F

School Child Attends: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Parent/Guardian: _____

Authorized to Pick Up Child? Y N Email: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____

Authorized to Pick Up Child? Y N Email: _____

Cell Phone: _____ Work Phone: _____

Preferred Contact Method (During Playground Hours): Work Home Cell

Are there any court orders relating to custody for this child? Y N

Does this child have any siblings attending YMCA Playground? Y N

Would you like to purchase a Playground T-Shirt? Y N

If so, which size would you like? YS YM YL AS AM AL AXL

Form continues on reverse side 

Emergency Contacts & Authorized Pick-Ups

Contact Name: _____ Phone: _____

Address: _____

Contact Name: _____ Phone: _____

Address: _____

Contact Name: _____ Phone: _____

Address: _____

Allergies

Does your child have any allergies? Y N

Please list any allergies: _____

Permission for Water Activities

I give the YMCA permission for my child to participate in water activities.

I DO NOT give the YMCA permission for my child to participate in water activities.

Child's Swimming Ability: Non-Swimmer Beginner Advanced

Does your child require ear plugs for swimming?: Y N

Authorization for Emergency Medical Attention

I give my consent for any all necessary treatment to be given to my child when in the care of a physician and /or hospital.

Parent/Guardian Signature: _____ Date: _____

Parent's Acknowledgement

I agree to allow my child to participate in the YMCA Summer Playground and I understand that all precautions will be taken to insure the safety of my child. I hereby release the Tri Valley YMCA and the YMCA of Reading & Berks County and its staff and volunteers of all liabilities resulting from any of these activities.

Parent/Guardian Signature: _____ Date: _____

Please return completed form, with payment, to the following address:

Tri Valley YMCA | 607 Crisscross Rd., Fleetwood, PA 19522

****Registrations WILL NOT be accepted at playground sites****