



Participant Name: \_\_\_\_\_ (1) Phone: \_\_\_\_\_
Participant Name: \_\_\_\_\_ (2)

Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Work #: \_\_\_\_\_
Email: \_\_\_\_\_ Cell #: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Work #: \_\_\_\_\_
Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Please list any medical allergies or conditions below:
Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_
Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Please indicate how many participants registering for program by placing a 1 or 2 next to the dates below

\_\_\_\_\_ October 10 \_\_\_\_\_ December 28 \_\_\_\_\_ April 2 \_\_\_\_\_ April 5
\_\_\_\_\_ November 10 \_\_\_\_\_ December 29 \_\_\_\_\_ April 3 \_\_\_\_\_ April 9
\_\_\_\_\_ December 27 \_\_\_\_\_ February 21 \_\_\_\_\_ April 4

Table with 5 columns: Program, Time, Cost, # days registered, Fees. Rows include Early Morning Care and Camp Days.

\_\_\_\_\_ Please check here if your child is already enrolled in early morning care during the school year and will attend Early Morning Care on all days registered; there is no extra charge

Total Amount Due: \$ \_\_\_\_\_

\* Membership must be current and paid in full at time of registration
\* Total amount is due at the time of registration

I, the adult applicant, hereby give approval for the applicant's participating in any and all Camp Days to attend Camp Days at Stony Brook Elementary School for the indicated dates and to attend the trips as planned. I understand my child will be transported by Rick Bus Company and that my child will be supervised by YMCARE Staff. In addition, my child has permission to play on the Stony Brook Elementary School playground with YMCARE Staff. I also hereby waive, release, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the organization of the Hopewell Valley YMCA programs for his/her claims arising out of injury to the named applicant or any member of his/her family who may be participating as a spectator. By enrolling, I grant full and irrevocable consent to release any photographs taken during the program to the Hopewell Valley YMCA. I give permission to the Hopewell Valley YMCA to use photographs of myself and/or my child for historical archives, educational, and promotional purposes. These materials may be used for immediate or future use. I understand there is no remuneration and that the pictures may not be used for commercial purpose.

Parent/Guardian/Adult Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] CHECK ENCLOSED (CHECK Payable to HVYMCA) [ ] Please charge my credit card [ ] Visa [ ] MC [ ] Discover [ ] On File
Credit card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Address (if different than above) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

To register, please submit completed form with payment.
Mail To: HVYMCA, P.O. BOX 301, Pennington, NJ 08534
Fax to: 609-737-8081 (CREDIT CARD PAYMENTS ONLY)