

YWCA IS ON A MISSION

2019 YWCA Hub Registration

Student Name: _____ D.O.B.: _____

Age: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Grade Level: _____

School District:

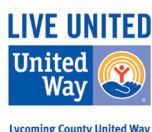
Parent/Guardian Name: _____

Work Phone: _____

Cell Phone: _____

My child will: Be dropped off daily _____ Walk to the Y daily _____

My child will: Be picked up daily _____ Walk home daily _____



Northcentral PA
815 W. Fourth St., Williamsport, PA 17701
P 570.322.4637 F 570-322-3029
ywcawilliamsport.org

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Emergency Contact Name: _____

Phone: _____

Emergency Contact Name: _____

Phone: _____

Please list any allergies or medications taken by your child:

Does your child have any chronic or recurring illness or other condition that requires activity to be restricted?

I certify that my child is in normal health and is capable of participating safely in recreational activities. I hereby waive all claims for damage, injury, or loss my child or I may incur in this YWCA Northcentral PA program. I recognize that the YWCA will not provide transportation to or from this program. The YWCA Hub program is not sponsored by any school district and will not be supervised or chaperoned by school



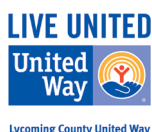
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district administrators, teachers or staff. I give the YWCA permission to administer CPR/First Aid for any minor injuries and to obtain professional treatment if needed. I grant permission to the YWCA to use my child's name, to take and publish photographs and videos for any legitimate purpose while participating in YWCA programs. I understand I shall receive no compensation from their use from any source whatsoever.

Parent/Guardian Signature:

Date: _____



eliminating racism
empowering women
ywca

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