



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# READY, SET, SUMMER!



The **Maidencreek Playground Program** is held at the Maidencreek Community Park. Specialty days and sporting events are planned with the other playground programs. If there is inclement weather, the program will be confined to pavilion use only.

**Registration:** Please complete the registration form and return it with payment to the Tri Valley YMCA at 607 Crisscross Rd, Fleetwood, PA 19522.  
**NO REGISTRATIONS WILL BE TAKEN AT PLAYGROUND SITES.**

## CAMP INFORMATION

**AGES:** Completion of Kindergarten-6th grade

**WHEN:** June 18-August 10, 2018  
MONDAY-FRIDAY 9AM-1PM(Closed July 4)

**WHERE:** Maidencreek Community Park

**COST:** \$90.00

**TSHIRT:** \$12.00\*\*

\*\*Must be pre-ordered by June 1, 2018 to ensure delivery before Olympic Day



# YMCA of Reading & Berks County

## Summer Playground Registration

**Playground Location:**  Maiden creek

**Child's Name** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School Child At-  
tends: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Authorized to pickup child: Y or N

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Authorized to pickup child: Y or N

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Preferred method of Contact (during playground hours):** Work Home Cell

**Are there any court orders relating to custody?** Y or N

**Are any of the child's siblings attending YMCA Playground?** Y or N

If yes, list sibling's names:

**Would you like to purchase a playground t-shirt?** Y or N Size: YS YM YL AS AM AL AXL

**Has your child previously attended YMCA Playground?** Y or N

**Special Health Needs/Allergies/**

**Requests:** \_\_\_\_\_

**Emergency Contact and Authorized Pick-up:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Ad-  
dress: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Ad-  
dress: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Ad-  
dress: \_\_\_\_\_

**Permission for Water Activities:** I do \_\_\_\_\_ do not \_\_\_\_\_ give the YMCA permission for my child to participate in water activities. Swimming ability: Non-swimmer \_\_\_\_\_ Beginner \_\_\_\_\_ Advanced \_\_\_\_\_

Does your child need ear plugs for swimming? Y or 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.