



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# READY, SET, SUMMER!

It's the summer TO SHINE!



The **Blandon Playground Program** is held at the Maiden creek 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 17-August 9, 2019  
MONDAY-FRIDAY 9AM-1PM (Closed July 4)

**WHERE:** Maiden creek Community Park

**COST:** \$90.00

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

\*\*Must be pre-ordered by June 1, 2019

Questions? Give us a call at 610-944-6515!



# YMCA of Reading & Berks County

## Summer Playground Registration

Playground Location:  Blandon

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

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School Child Attends: \_\_\_\_\_

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 # \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

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.

**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