



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **READY, SET, SUMMER!**

**It's the summer TO SHINE!**



The **Ontelaunee Township Playground Program** is held at the pavilion/ playground area inside the Willow Glen North development. Specialty days and sporting events are planned with the other playground programs.

**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:** 6 Nantucket Drive Reading, PA 19605

**COST:** \$100.00 in borough residents  
\$120.00 non borough residents

Questions? Give us a call at 610-944-6515 or email Alec Reinert at [areinert@ymca-berkscounty.org](mailto:areinert@ymca-berkscounty.org)



# YMCA of Reading & Berks County

## Summer Playground Registration

Playground Location:  Willow Glen

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 receive 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

