PRESCHOOL

We build strong kids, strong families, strong communities.

WILDERNESS TRACE FAMILY YMCA
P.O. BOX 326, HARRODSBURG, KY 40330
859.734.9622

CHILD'S
NAME_____MALE_____FEMALE_____
ADDRESS_____DATE OF BIRTH_____
HOME PHONE_____SCHOOL_____
PARENT_____DAY PHONE_____CELL_____
PARENT_____DAY PHONE_____CELL_____
E-MAIL ADDRESS_____
EMERGENCY CONTACT_____PHONE_____
CHILD'S PHYSICIAN_____PHONE_____
DOES YOUR CHILD HAVE ANY PHYSICAL CONDITIONS THAT WOULD PREVENT HIM/HER FROM PARTICIPATING IN THE PRESCHOOL PROGRAM?_____ IF SO, PLEASE EXPLAIN:_____

TUESDAYS 5:30-6:30 P.M.

PROGRAM FEE: $35 MEMBERS (MEMBERSHIP $20), $45 NON-MEMBERS

_____ FLAG FOOTBALL Sept. 13 – Oct. 18 _____ BIDDY BASKETBALL Nov. 1 – Dec. 6
_____ BIDDY BASKETBALL Jan. 3 – Feb. 7 _____ SOCCER Feb 21 – Mar. 27
_____ T-BALL Apr. 10 – May 15

I WILL VOLUNTEER TO ASSIST COACH BO!!!! _____

SHIRT SIZE YOUTH ADULT
PLEASE CIRCLE SMALL MEDIUM LARGE XL 2XL

Parent's Agreement

I have the legal authority to sign-up the child named on this form and to the best of my knowledge, the information on this application form is complete and accurate and the child herein described has my permission to engage in all activities except as told by me. I further understand that this is an application and the named child's participation is contingent upon space being available in the program(s) in which I want the child to participate. I agree to follow all policies and procedures; failure to comply with the policies and procedures may result in the loss of YMCA service. In the event that I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child as named above, in the event of a life or death emergency. I understand that the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in YMCA programs or facilities; families must carry their own accident insurance.

I give _____ I do not give_____permission for my child's photo to be used in promotional literature.

SIGNATURE_____DATE_____

FOR OFFICE USE

AMOUNT PAID_____ CASH_____ CHECK #_____ DATE_____
CREDIT CARD #_____ DEBIT CARD #_____ SCHOLARSHIP AMOUNT_____

United Way
Heart of Kentucky United Way