



# THE YOUTH CENTER REGISTRATION FORM

NO REFUNDS OR CREDITS GIVEN FOR ANY REASON.

PLEASE COMPLETE EVERY LINE. (One per child)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall '10: \_\_\_\_\_

Allergies/Restrictions/Physical Limitations: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

<b>PROGRAM REGISTRATION</b> (For Camp, also complete week(s) section below.)	
Program _____	Start Date: _____
Class Time (if applicable) _____	Fee: _____
For purposes of required statistics for corporate funding, please list:	
Mother's employer: _____	Father's employer: _____

### CAMP: Check Each Box You Wish to Register For

2010	June 21- 25	June 28 -July 2	July 6-9	July 12-16	July 19-23	July 26-30	Aug 2-6	Aug 9-13	Aug 16-20	Aug 23-27
Week #	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7*	Week 8*	Week 9*	Week 10*
Regular Day Camp 9am – 4pm										
Am-Extended Hours 7-9am										
PM-Extended Hours 4-6pm										

\*Must be enrolled in at least one other week (between Weeks 1-6) to be eligible to attend Week 7, 8, 9 or 10.

Home Phone # \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: (required field, for Youth Center use only) \_\_\_\_\_

Address-Mailing : \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Town/Township Where Child Resides: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Public school child attends or will be attending: \_\_\_\_\_

CHECK ONE: T-Shirt Size: Child-MD Child-LG Adult-SM Adult-MD Adult-LG

Where did you learn about The Youth Center? \_\_\_\_\_

CHECK ONE:  I do /  I do not consent that photos, DVD videos of myself and my child are the property of The Youth Center and may be reproduced and publicized and/or used on our website or as The Youth Center desires, free of any claim on my part.

Persons who are authorized to assume responsibility for child if neither parent is available:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

# THE YOUTH CENTER REGISTRATION FORM – continued

By my signature I attest to the following:

- I understand, agree and consent to all terms and conditions as described in the registration information/brochure including payment requirements.
- That the above information is correct.
- I will not hold The Youth Center employees or any persons affiliated responsible for any accident or injury incurred during my child's presence/involvement at The Youth Center or other venues used.
- I realize there are no refunds or credits given for any reason and staff and/or scheduling may be subject to change.

**In the event that the above named child is injured, and I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia, or surgery for my child.**

\*Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

No confirmation will be mailed. Unless otherwise noted, please report to first class.

Make checks payable to "The Youth Center" and mail to:

The Youth Center, 16 Hampton Road, Glen Gardner, NJ 08826.

For Camp: send registration with \$50 per week, per child non-refundable deposit to secure placement in camp. Deposit is applied to camp. A CAMP packet must also be completed and submitted prior to your child attending camp. Packet can be downloaded from [www.theyouthcenter.net](http://www.theyouthcenter.net). CHILD MAY NOT ATTEND CAMP WITHOUT a completed packet on file.

**Child will not be able to participate without parent's signature and entirely completed form with no alterations. NO REFUNDS WILL BE GIVEN FOR ANY REASON**