



Register for 9 or more days and receive 1 day free! (a \$22 value)

Register for 6-8 days and receive \$10 off your total cost!

YMCA WINTER BREAK FUN DAYS (2011 - 2012)

Check the day(s) below that you are registering your child to attend.
Please review carefully and check only those days that apply to your child's school.

- _____ Monday December 19 (Dist#27)
- _____ Tuesday December 20 (Dist#27)
- _____ Wednesday, December 21 (Dist. #27)
- _____ Thursday, December 22 (Dist. #27 & CEL)
- _____ Friday, December 23 (Dist. #27 & CEL)

- _____ Monday, December 26(Dist. #27/CEL)
- _____ Tuesday, December 27 (Dist. #27 and CEL)
- _____ Wednesday, December 28 (Dist. #27 & CEL)
- _____ Thursday, December 29 (Dist. #27 & CEL)
- _____ Friday, December 30 (Dist. #27 & CEL)
- _____ Monday, January 2 (Dist. #27 & CEL)

***** A Minimum of 5 participants must be enrolled in order to operate each fun day*****

Fun Days will be held at the Lincoln Area YMCA Activity Center (lower level), 719 Wyatt Ave., from 6:30 a.m. to 6:00 p.m. for Pre-Kindergarten through sixth grade. Activities for Fun Days include art, crafts, story time, table games, recreational games, learning centers, play stations and much more. Children eat lunch at 11:30 a.m. **Your child will need to bring a sack lunch for each Fun Day.** Snacks and drinks will be provided in the afternoon around 3:00 p.m.

\$22 Per Day, Per Child (if child is currently enrolled in the YMCA Before and After school programs)

\$28 Per Day, Per Child (if child is *NOT* currently enrolled in the YMCA Before and After school programs)

Payment is due with registration form no later than 14 days prior to each Fun Day or a late registration fee of \$8.00 per child, per each Fun Day will be applied. Child is *NOT* registered unless payment is submitted at the time of registration. Parents must bring the completed registration form to the YMCA office. (Registration deadlines are also applicable to parents who are subsidized through the state or other agencies (CCCC, CCS, DCFS, etc) and late fees will be applied to the account balance.) Cash payments and charge card payments must be made during office hours 8:30 a.m. – 5:00 p.m. at 604 Broadway Street, Suite #1, Lincoln, IL. Tuition is non-transferable and non-refundable. Spaces are limited and are on a first come, first serve basis. Call the YMCA at 735-3915 for information. Registration forms must be in the Y office two days prior to each Fun Day in order for us to process and register your child.

Information must be recorded in each line below or insert "n/a" (not applicable) as needed.

Child's Name _____ M/F Age _____ Grade _____

Parent's Name _____ Home Phone _____

Address _____ Work Phone _____

School Child Attends _____ Cell Phone _____

Emergency Contact _____ Phone # _____

Name of persons authorized to pick up my child from the program

Name _____ Phone # _____

Name _____ Phone # _____

Explain Allergies or Special Needs _____

The Lincoln Area YMCA has my permission to use pictures of me and/or my child in advertising and information packages. Failure to check either choice automatically provides authorization.

_____ **Yes**

_____ **No**

BACK SIDE MUST BE COMPLETED IN ORDER TO REGISTER CHILD

Authorization for Emergency Medical Treatment

Each line must be completed in full or the word "None" inserted.

If my child _____ should become ill or injured at YMCA School's Out Fun Days,
(Child's full name)

I understand that the facility will (1) Contact me immediately (2) Contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment or medical services rendered.

Signature _____ Relationship _____ Date _____

Please list any information regarding allergies, medical, special needs, and/or handicapping conditions:

Preferred Physician _____ Physician Phone _____

Physician Address, City, State, Zip _____

Preferred Hospital, City, State, Zip _____

Insurance Company _____

Group _____ Expiration Date _____

RELEASE OF LIABILITY: I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/or activities. I will accept responsibility for payment of medical services rendered due to illness or injury that occurs to my child or myself while participating in the Lincoln Area YMCA programs and/or activities.

Parent Signature _____ Date _____

Payment must accompany this form in order to register your child. NO Exceptions.

Additional comments (parent and/or office):

FOR OFFICE USE:

Payment Amount _____ Check #/\$ _____ Subsidy Program _____

Names of additional children with payment _____