



Sports Vacation Week Registration Form

(Ages 6 - 12)

Y Sports are always focused on participation, fun and fair play. Children will develop individual skills and participate in games focused on positive competition that will instill a love for sports. Kids will have SO much to do!

While kids love to play sports for all hours of every day, we do offer a mix of activities in each day to keep kids rested, happy and healthy all day. Each Sports camp will also feature a snack time, lunch time, free time with floor games and friends, and the option to go swimming every day!

Activities: Soccer, Basketball, Baseball, Floor Hockey, Flag Football, Lacrosse, Golf, Tennis, Capture the Flag, Doctor Dodge, Battleship, Tennis Baseball and more!

Each day children are expected to arrive with a nonperishable peanut-free snack, lunch, and appropriate gym clothing. For swimming, children will need their own suit, towel and swim cap.

8:30 am Drop-Off in the Gymnasium

4:00 pm Pick-Up in the Gymnasium

For safety, please be prepared to show a photo ID upon pick-up of your child.

Payment in full is due upon registration. You may pay in cash, check made payable to the “West Suburban YMCA”, or with Visa/MasterCard/American Express (a credit card authorization form is on page 4 of this registration form). Any changes to children’s schedules must be made in writing and is subject to availability.

Return completed registration forms and payment to:

Michael Leavitt

ASSISTANT SPORTS DIRECTOR

276 Church St. Newton, MA 02458

(617) 244 – 6050 ext. 3024 or FAX (617) 964-8472

If you have any questions, please contact the Assistant Sports Director michaell@wsymca.org.

SAMPLE DAILY SCHEDULE

8:30am – 9:00am	Drop Off, Free Play
9:00am – 9:15am	Drop Off – Morning Assembly/Attendance
9:15am – 9:45am	Warm-Up Games
9:45 – 10:30 am	Sport I: Floor Hockey
10:30am – 10:45am	Snack Time
10:45am – 11:30am	Sport II: Basketball
11:30am – 12:00pm	Game Time: “Gaga Ball”
12:00pm – 1:00pm	Lunch Time and Floor Games in Auditorium
1:00pm – 2:00pm	Optional Free Swim Time or Gym Time
2:00pm – 2:30pm	Rest Time, Free Play, Afternoon Assembly
2:30pm – 3:15pm	Game Time: “Capture the Flag”
3:15pm – 3:45pm	Sport III: Soccer
3:45pm – 4:00pm	Free Play and Pick Up

WEST SUBURBAN YMCA

276 Church Street, Newton, MA 02458

(617) 244-6050

www.westsuburbanymca.org

Parent Signature

Date

Emergency Card: All Information is REQUIRED

Child's Name _____ Date of Birth _____ Current Age _____

Primary Language _____ School _____ Grade _____ Best Phone Number _____

Allergies _____

Chronic Medical Conditions _____

Special Diets _____

Child's Primary Address _____

How to reach parents / guardians (will be called FIRST in emergency; also authorized for pick up):

Name _____ Relationship _____

Home PH _____ Work PH _____ Cell PH _____

Email _____

Name _____ Relationship _____

Home PH _____ Work PH _____ Cell PH _____

Email _____

Emergency Contact Persons (list in order we should call in an emergency; also authorized to pick up):

1. Name _____ Relationship to child _____

Contact PH _____ Alternate PH _____

2. Name _____ Relationship to child _____

Contact PH _____ Alternate PH _____

Medical Emergency Treatment

I hereby give West Suburban YMCA Sports Program staff permission to administer basic first aid and/or CPR to my child and/or take my child to Newton-Wellesley or nearest hospital for medical treatment if I cannot be reached or when delay would be dangerous to my child's health.

Parent / Guardian Signature

Date

Insurance Company _____ ***Policy #*** _____

PERMISSIONS

Please sign off on each request for permission. Absence of a signature in any given section indicates that permission is denied. When applicable, an alternative activity will be offered for the child.

Swimming Experience

Has your child taken swim lessons before? _____ At the YMCA? _____

Does your child use bubbles/floaties? If yes, how many? _____

Can your child swim without an adult supporting him/her? _____

Please describe your child's swim experience _____

I give my child permission to participate in FREE swim during the Vacation Week Program and understand s/he will be supervised by YMCA staff and Certified Lifeguards.

Parent Signature

Date

Important Information About Your Child:

PLEASE let us know any important information about your child (*i.e. Recent death in family, new baby in the house, moving, etc...*).

Child's Name _____

Please CIRCLE options you would like to enroll your child in the Vacation Week Program(s) Use Box 1 if your child is a West Suburban YMCA member, Use Box 2 if your child is not a West Suburban YMCA member.

YMCA MEMBERS									
FULL WEEK OPTIONS				Tues	Wed	Thu	Fri	TOTAL	
SP905	8:30 AM	4:00PM	FULL DAY, 4 DAYS Half Days available upon Request	\$80	\$80	\$80	\$80	\$320	

YMCA NONMEMBERS									
FULL WEEK OPTIONS – NON MEMBER				Tues	Wed	Thu	Fri	TOTAL	
SP905	8:30 AM	4:00 PM	FULL DAY, 4 DAYS Half Days available upon request	\$100	\$100	\$100	\$100	\$400	

Half Day Options Available Upon Request. Members: \$40, Non-Members: \$50.

Credit Card Authorization

Required ONLY for families choosing to pay by credit card.

I give the West Suburban YMCA authorization to charge my credit card in the amount of \$ _____ for Vacation Program fees, and agree to the following:

- Should my credit card company, for any reason, not honor a monthly tuition charge, I understand that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my credit card company may impose.

Name(s) of child(ren) _____

Credit Card Number: _____ Expiration ____ / ____

Name printed on card _____

Billing Address (if different) _____ Zip _____

Parent / Guardian Signature _____ Date _____