



## 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!

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.

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. 3131 or FAX (617) 964-8472

If you have any questions, please contact the Assistant Director of Sports [Michael@wsymca.org](mailto:Michael@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	Sport III: Soccer
2:00pm – 2:30pm	Rest Time, Free Play, Afternoon Assembly
2:30pm – 3:15pm	Game Time: "Capture the Flag"
3:15pm – 3:45pm	Sport IIII: Flag Football
3:45pm – 4:00pm	Free Play and Pick Up

### **WEST SUBURBAN YMCA**

276 Church Street, Newton, MA 02458

(617) 244-6050

[www.westsuburbanymca.org](http://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 #** \_\_\_\_\_

**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

**Extended Day (early drop off or late pick up) is an additional \$20 per day. Please indicate which days.**

**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 \_\_\_\_\_