



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

READY, SET, SUMMER!



The **YMCA Playground Program** will be held at the Topton Park. Activities such as sports, arts and crafts and weekly themes will be done. Specialty days and sporting events are planned with the other playground programs in Kutztown, Fleetwood, and Blandon. If there is inclement weather, the program will be confined to pavilion use only.

Registration: Please complete the registration form and return it with payment to the Tri Valley YMCA at 607 Crisscross Rd, Fleetwood, PA 19522.

NO REGISTRATIONS WILL BE TAKEN AT PLAYGROUND SITES.



CAMP INFORMATION

AGES: Kindergarten-6th grade

WHEN: June 19-August 11, 2017
MONDAY-FRIDAY 9AM-1PM (Closed July 4)

WHERE: Topton Park

COST: Topton Borough Residents: \$40.00
Other (Rockland, Maxatawny, Lyons, Longswamp, etc): \$90.00

TSHIRT: \$12.00**

**Must be pre-ordered by June 1, 2017

YMCA of Reading & Berks County

Summer Playground Registration

Playground Location: Topton

Child's Name _____ Phone Number: _____

Birthdate: _____ Age _____ Gender _____ School Child At-
tends: _____

Address: _____ City: _____ Zip _____

Email: _____

Parent/Guardian: _____ Authorized to pickup child: Y or N

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____ Authorized to pickup child: Y or N

Cell Phone: _____ Work Phone: _____

Preferred method of Contact (during playground hours): Work Home Cell

Are there any court orders relating to custody? Y or N

Are any of the child's siblings attending YMCA Playground? Y or N

If yes, list sibling's names:

Would you like to purchase a playground t-shirt? Y or N Size: YS YM YL AS AM AL AXL

Has your child previously attended YMCA Playground? Y or N

Special Health Needs/Allergies/

Requests: _____

Emergency Contact and Authorized Pick-up:

Name: _____ Phone # _____ Ad-
dress: _____

Name: _____ Phone # _____ Ad-
dress: _____

Name: _____ Phone # _____ Ad-
dress: _____

Permission for Water Activities: I do _____ do not _____ give the YMCA permission for my child to participate in water activities. Swimming ability: Non-swimmer _____ Beginner _____ Advanced _____
Does your child need ear plugs for swimming? Y or N

Authorization for Emergency Medical Attention: I give my consent for any all necessary treatment to be given to my child when in the care of a physician and /or hospital.