



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Literacy Activities Program Application

| PARTICIPANT INFORMATION | | | | | |
|-------------------------|------|-----------|----------------------|---------------|-----|
| First Name | MI | Last Name | Nickname | Date of Birth | M/F |
| Street Address | | | | | |
| Apt. Number or PO Box | City | | State | Zip | |
| Home Phone Number | | | Parent Contact Email | | |

Parent/guardians and emergency contact listed below are authorized to pick up above named child from the program. Please call the office with 24 hours' notice to add another authorized individual.

| PARENT/GUARDIAN INFORMATION | | |
|-----------------------------|-----------|-------------------|
| First Name | Last Name | Cell Phone Number |
| First Name | Last Name | Cell Phone Number |

| EMERGENCY INFORMATION | | |
|------------------------|--------------|------------------------|
| Emergency Contact Name | Relationship | Emergency Phone Number |

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINOR)

I hereby certify that I, or the above names child (if participant is under 18), am/is in normal health and capable of safely participating in YMCA programs. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. If the participant is under the age of 18, I hereby authorize the Jefferson County YMCA to obtain medical treatment for the above names child in the event that parents and/or emergency contact cannot be reached. I support the Y program philosophy, which is based on participation, fun, fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership. I have read and agree to follow the Parents Code Ethics. I give permission for the Jefferson County YMCA to use any photos or videos taken of me, or the above named child, for future publicity purposes.

Parent/Legal Guardian Signature _____ Date _____

PHOTO RELEASE

I hereby give my authorization to the YMCA to use, reproduce, and/or publish photographs and/or video that may pertain to me-including my child's image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors.

Parent/Legal Guardian Signature _____ Date _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Literacy Activities Program Application

BECOME A VOLUNTEER!

The success of all Y programs and the quality of your child's experience highly depend on volunteers. If you or family members are interested in volunteering, please check the area of interest below.

| | | | |
|--|--|---|---------------------------------|
| <input type="checkbox"/> Tutor / Summer Literacy assistant | <input type="checkbox"/> Summer Meals Prep | <input type="checkbox"/> After School Volunteer | <input type="checkbox"/> Other- |
|--|--|---|---------------------------------|

HOW DID YOU HEAR ABOUT THIS YMCA? (Please check the primary method)

| | | | |
|---|---|------------------------------------|---|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Website | <input type="checkbox"/> Drive By | <input type="checkbox"/> Bus Stop Signs |
| <input type="checkbox"/> Guest/Day Pass | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Store | <input type="checkbox"/> School |
| <input type="checkbox"/> Referred by Member | <input type="checkbox"/> Returning Member | <input type="checkbox"/> Billboard | <input type="checkbox"/> Other |

OPTIONAL: PROVIDING THE FOLLOWING INFORMATION ASSISTS THE YMCA IN MEETING UNITED WAY REPORTING REQUIREMENTS

| | | | | | |
|--------------------|-------------------------|---------------|----------------|----------|------------------|
| Years in Community | Annual Household Income | Ethnic Origin | Marital Status | Own/Rent | Primary Language |
|--------------------|-------------------------|---------------|----------------|----------|------------------|

Please circle which Program you are registering your child for.

| Session Dates | Program | Times/Location | Fee |
|--|--|---|--|
| Monday through Thursday July 9 through August 9 | Brinnon Literacy Activities for kids ages 5-12 years | 9:00am-12:00pm Brinnon School 46 Schoolhouse Road, Brinnon | FREE *pre-registration required |
| Monday through Friday June 25 through August 17 | Chimacum Literacy Activities for kids ages 5-12 years | 9:00am-12:30pm Chimacum Elementary School 91 W Valley Road, Chimacum | FREE *pre-registration required |
| Monday through Thursday July 9 through August 9 | Quilcene Literacy Activities for kids ages 5-12 years | 1:00pm-4:00pm Quilcene School 294715 US Hwy 101, Quilcene | FREE *pre-registration required |

Literacy Activities are a component of our AM Summer Day Camps offered at Mountain View Commons in Port Townsend.