



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

ID# \_\_\_\_\_

# LEBANON VALLEY FAMILY YMCA

## FREER FAMILY COMMUNITY YOUTH CENTER

### GRADES 6-12 (AGE 18 AND UNDER)

The Youth Center is an after-school program designed for teens to exercise their spirit, mind, & body in a safe & positive environment. As students explore, learn, and grow, our staff support them to develop healthy relationships, build good character, and reach their fullest potential as adults.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Gender: M / F  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Describe any medical diagnoses, allergies, or physical restrictions which could affect participation:

\_\_\_\_\_

Describe any food restrictions: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ (Apt #: \_\_\_\_\_)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check if you would like to receive periodic updates about upcoming events, fieldtrips, & other program developments. **Parent Email Address:** \_\_\_\_\_

I certify that I am the parent or legal guardian of above-named student. I provide my consent for my child to attend the Freer Family Community Youth Center (YC) at the Lebanon Valley Family YMCA (YMCA). I give permission for my child to sign YC's Code of Conduct (CC), which my child is responsible to follow. I understand that disciplinary action may be taken for breaking/ignoring CC, staff instructions, or other YC rules.

I understand that YC is a drop-in center and students are permitted to come and go at their discretion. I understand that, for safety reasons, my child may be subject to search of person and property while at YMCA. I understand that my child is solely responsible for his/her belongings, even if lost, stolen, or damaged at YC. I understand that physical activity takes place at YMCA and could result in injury.

I understand that my child is solely responsible to behave safely and appropriately. I consent for my child's picture to be taken for membership purposes or for printed or digital publicity (e.g. flyers, brochures, YC Facebook page).

**I affirm that the above information is complete and accurate to the best of my knowledge:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

#### PROGRAM HOURS

SCHOOL YEAR | Mon-Fri (3-6pm)

SUMMER | Mon-Fri (12-4pm)

#### YOUTH CENTER DIRECTOR

Aurelis Garcia | 717-376-1395

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