FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2011-2012 West Essex YMCA Fall/Winter Registration Form

***** Please type all information, this will ensure that your child's data is entered correctly by the coaching staff!!**

Child's Name (Last/First): **Age (As of 12/1/11):** **Sex:** **Date of Birth:** **Grade (As of 9/1/11):**

Address: **Home Phone:**

Are you transferring from another YMCA or USA Club? **Yes:** **No:** **If yes, please type team name:**

"Y" Membership Expiration Date: **Type:**

Mother's Name ** **Work Phone:** **Email Address:**

Father's Name ** **Work Phone:** **Email Address:**

Emergency Contact: **Relationship:** **Emergency Phone:**