



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Stateline Family YMCA Growing Tree

My child will arrive at the Growing Tree _____ a.m./p.m. and will be picked up at _____ a.m./p.m.

(Parent/Guardian)

(Date)

I give permission for my child to be involved in any publicity or press for the Y.
This may include photographs and interviews.

(Parent/Guardian)

(Date)

Does your child currently take any medications? _____ If yes, please specify.

Do you feel that your child's development is normal? _____. Please describe any concerns you may have _____

Are there any habits that the Y staff should be aware of? _____

If yes, Please describe _____

Is there any other information that we should be aware of regarding your child's development, medical concerns or habits _____

I authorize my child, _____, to take part in all activities and related field trips.

I also give permission for my child to participate in athletic activities at the center. Special activities may require a separate permission form.

(Parent/Guardian)

(Date)

OFFICE USE ONLY

Date of admission _____

Date of withdrawal _____

STATELINE FAMILY YMCA

BELOIT YMCA

1865 Riverside Drive, Beloit WI 53511
P 608 365 2261 F 608 365 7091

www.statelinefamilyymca.org

ROSCOE YMCA

9901 N. Main Street, Roscoe IL 61073
P 815 623 5858 F 815 623 5852

YOUTH SPORTS COMPLEX

3303 Prairie Avenue, Beloit WI 53511
P 608 365 2261 F 608 365 7091