

Cape Ann YMCA  
**Early Release Day**  
Thursday, March 11<sup>th</sup>

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

D.O.B. \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**PRICES:**

Weekly After School Participants: \$30

YMCA Members: \$40

Community: \$55

Total Amount Due Upon Registration: \_\_\_\_\_

*Please add this amount to my e-pay account \_\_\_\_\_*

IN THE EVENT OF AN EMERGENCY AND I CANNOT BE REACHED, I GIVE PERMISSION TO THE STAFF OF THE YMCA TO SECURE THE PROPER MEDICAL TREATMENT FOR THE ABOVE-NAMED.

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

\_\_\_\_\_  
DATE

Day time phone # \_\_\_\_\_