YMCA of the North Shore®

Registration Form

Sign up for YMCA programs on-line!
Request an account today by visiting
www.northshoreymca.org

☐ My information has changed, please update

amily Name _____

reet Address _____

ty_____ State _____ Zip _____

ome Phone (_____)_____

nail Address _____

Mother's Name _____ Work Phone (_____)_____

Father's Name _____ Work Phone (_____)_____

nergency Contact Information: Name _____ Phone Number (_____)_____

the event of a medical emergency the YMCA of the North Shore will secure proper medical treatment for your child. The above name nergency contact will be called after an attempt is made to each parent at the work phone listed above.

Name	DOB	Class Name	Class Code	Day/Time	Fee

Special Needs Classes

The YMCA offers a variety of programs that can be adapted for individuals with disabilities and special needs. Contact the YMCA for more information to determine appropriate placement.

Office Use

Staff Initials _____

Receipt Number _____