the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER™

#TheYFeedsKids

FREE Summer Food Program
June 11 – August 4

YMCA Locations:

Davis-Scott Y • 1213 Iowa • 210.532.0932

Harvey E. Najim Y
3122 Roosevelt Ave • 210.538.0555

Alazan Apartments
1011 South Brazos • 210.246.9600

Availability: Ages 1 – 18, children under 13 must be accompanied by an adult; Y membership is NOT required.

Time • Note: will not be held on July 4
M-F • 11a – 1p* • Lunch served daily from 12-1p

Daily Activities
Kids Fit • "Y Camp Readers" Summer Reading Program

Registration form is on the reverse side; one per child.

This program is generously supported by

Walmart Foundation

Registration Form

Name of Participant: _____

DOB:_____ /_____ /_____ ❑ **Male or** ❑ **Female**

Parent/Guardian Name: _____

Phone: _____**Email:** _____

Address: _____ **City:** _____ **Zip:**_____

Emergency Contact: _____**Phone:** _____

Ethnicity: (please circle one)

Hispanic/Spanish White/Caucasian African American Asian American/Pacific Islander American Indian, Eskimo Other_____

Household Income over past 12 months: (circle only one)

<$5,000 $5,000-9,999 $10,000-14,999 $15,000-24,999 $25,000-34,999 $35,000-49,999 Over $50,000

Child's Household: ___ Two Parent ___ Single Parent (Male or Female) ___ Other # of Adults (18+ yrs) ___ # of Children (<18 yrs) ___

RELEASE, WAIVER, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to me or my minor child's participation in all Y activities. I further--on behalf of myself and my minor child waive, release, absolve, indemnify and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants, coaches and referees from any claims or injury caused by the Y's NEGLIGENCE or otherwise sustained during my use of the Y and it's property.

Participant Signature (Parent/Guardian required for participants under 18 years of age)

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Submit your completed form or letter to USDA by:

MAIL:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-941 0

FAX:
(202) 690-7442

EMAIL:
program.intake@usda.gov

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