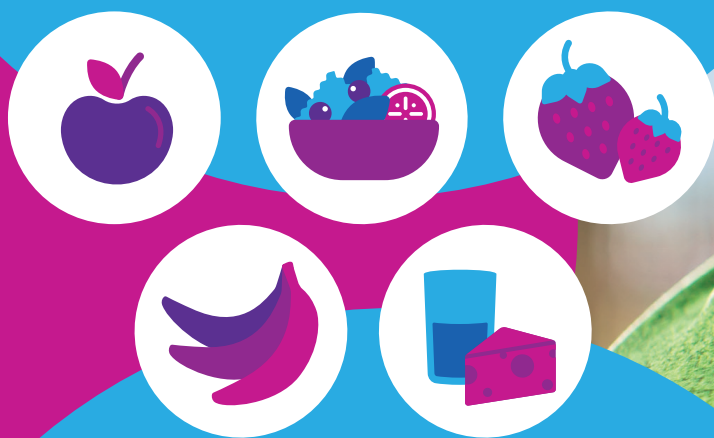




FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BEST SUMMER EVER™



#TheYFeedsKids

## FREE Summer Food Program June 10 – August 2

**Davis-Scott Y** • 1213 Iowa • 210.532.0932

**La Posada Del Rey Apt.**  
3135 Roosevelt Ave • 210.538.0555

**Alazan Apartments**  
1011 South Brazos • 210.246.9600

**Walzem Y**  
5538 Walzem Rd. • 210.656.5777

Locations:

**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



# 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.

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

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

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. 20250-9410

FAX:  
(202) 690-7442

EMAIL:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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