

Summer Break Registration

Participant Name:			
Date of birth:		Age:	
Address:			
Contact Email:		Telephone	
Gender:		Ethnicity:	

Emergency Contact Details:			
Name:		Telephone:	
Name:		Telephone:	

Any medical Conditions and/or on medication currently: (Information used in case we need to notify emergency services in case of accident or emergency.)	
Any special dietary	
Any food allergies?	

Hobbies and Interests:

Participant Signature:		Date:	
I give my consent for photographs of me to be used on YMCA Central publications and promotional material:			Yes
			No
Parent/Guardian Signature: (Parent sign if youth is under 16 years)		Date:	



Welcome

YMCA Central

Whanganui

125 Grey Street, Whanganui 4501

PO Box 622, Whanganui 4501

Main Office (06) 349 0197

tony@ymcentral.org.nz

Fb: facebook.com/ymcentralnz

Please tick each box you would like your child to attend YMCA's Summer Break.

Week 1. December 17th-21st

Week 2. January 7th-11th

Week 3. January 14th-18th

Week 4. January 22nd-25th

0800 YMCA 4 U

www.ymcentral.org.nz

