

Summer Recreation Program – The Fostoria Community Enriching our Youth

Participant's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____ Male or Female _____

Address: _____ School: _____

Primary Phone: _____ E-mail Address: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Any Medical Conditions, ETC:

If you have a disability and require an accommodation in order to participate, please explain:

Please mark what location you will attend and what dates you will plan on attending:

Riley _____ Longfellow _____ City Park _____

June 5 – June 8 _____ June 12 – June 15 _____ June 19 – June 22 _____ June 26 – June 29 _____

July 3 – July 6 _____ July 10 – July 13 _____ July 17 – July 20 _____ July 24 – July 27 _____

Registrations can be dropped off at The Geary Family YMCA or mailed to 154 W. Center Street Fostoria, OH 44830

For Office use only

Staff: Please mark the weeks paid below

WK 1 _____ WK 2 _____ WK 3 _____ WK 4 _____ WK 5 _____ WK 6 _____ WK 7 _____ WK 8 _____

Please make checks to: The Geary Family YMCA-----Thank you for your support!

WAIVER: In participating in the Summer Recreation Programs, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Town, it's Mayor, Town Council, Boards, employees, partners, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree any pictures taken may be used for future promotions.

Initial: _____ ** I have read the above waiver and understand the contents**

Signature (Parent or Guardian)

Date

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WHEN: JUNE 5TH - JULY 27TH - MONDAY - THURSDAY
(CLOSED JULY 4TH)

HOURS: 9:00 AM - 3:00 PM AGES: 7 - 17

LOCATIONS: LONGFELLOW, RILEY AND CITY PARK

BREAKFAST & LUNCH WILL BE PROVIDED FOR ALL IN ATTENDANCE

FEE: \$10 PER KID PER WEEK

SCHOLARSHIPS FORMS AVAILABLE AT THE YMCA

KICK-OFF PARTY JUNE 5TH

AT FOSTORIA CITY PARK AT 9:00 AM

ALL LOCATIONS WILL GO TO CITY PARK FOR THIS DATE

Thank you to all of our sponsors!!!!



GEARY FOUNDATION

2017 Updates!

Although the City Pool will not be open this year the Geary Family YMCA has stepped up to accommodate the program.

Swimming will be from 3:00 – 5:00 pm at the YMCA. Fostoria City Schools will pick up the swimmers from all 3 locations and drop them off at the YMCA. Parents will need to pick up their kids at the YMCA PROMPTLY at 5:00 pm in the Family Fun Center!

Swimmers that are Geary Family YMCA members and above the age of 7 may stay at the YMCA after 5:00 pm, Non-members may pay a daily \$5 guest fee to stay past 5:00 pm.

As our front desk about our youth membership rates at the Geary Family YMCA!

You can send donations to:

154 W. Center Street Fostoria, OH 44830

Attn: Rec Program

Make payable to: Geary Family YMCA

All donations are tax deductible through the YMCA!