

PNO Spring Spree



Spring Spree for the following age groups:

- 18 months — 2 years old
- 3-5 years old
- 6-12 years old

The participants will enjoy the following activities:

Swimming (6-12)

Arts & Crafts

Movies

Gym Games

Treats

Dinner

Other Exciting Activities

Saturday, May 9, 2009 5:00 PM– 10 PM

**Cost:\$20 for Facility Members and guest (per person)
\$25 for Program Members and guest (per person)
\$8 for each additional sibling**

YMCA Guest Policy:

Facility members are allowed to bring two guest per day.
Each guest is entitled to one free visit per branch per year.

***If you would like your child to attend
please register no later than
Friday, May 8, 2009 by 5PM***

The PNO Spring Spree REGISTRATION FORM

Child's Name _____ Age _____

Child's Birthday _____

Mother: _____ Father: _____

Email Address _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cellular Phone # 1 _____

Cellular Phone # 2 _____ Pager # _____

Emergency Contact and Phone # (other than parents) _____

My child is allergic to : _____

*My signature below acknowledges that I will allow my child to participate in the Carl E. Sanders Family YMCA's PNO Spring Spree and I have given the YMCA a contact person that can serve in my place should I be unable to be reached by a member of the YMCA Staff. I give permission for the YMCA Staff to give first aid, and in the event of an emergency, secure a physician for medical treatment. I am further aware that failing to pick up my child at the specified time may prohibit his/her participation at upcoming YMCA activities.

Parent's Signature: _____ Date: _____

If anytime you wish to cancel enrollment, you may do so by giving 1 week written notice prior to the scheduled day to receive a credit

All payments due upon registration.

Registration Code: Spirit-Session ID:1118 Class ID:8089

18months—2yrs old 3 yrs old—5 years old 6 yrs old— 12 yrs old	\$20 for Facility Members and guest (per person): \$25 for Program Members and guest (per person): \$8 for each additional sibling:	<u>Total Registration:</u> <u>Receipt Number:</u>
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Please contact Ms. Belise Michel with any questions: (404)267-4845