



Y Creator Space Registration Form

Child's First & Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Ethnicity/race (Check one): African-American/Black White non-Hispanic
 Hispanic Asian Native American Other: _____

Grade: _____ School: _____

Home Address: _____

City: _____ Zip: _____

Critical Medical Information (if any): _____

Food Allergies (if any): _____

Parent/Guardian Name: _____

Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Emergency Contact: _____

Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

I permit my child to leave the YMCA program and building without accompaniment by a parent or guardian.

I do not permit my child to leave the YMCA program and building unless accompanied by a parent, guardian or authorized person.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____



YMCA of Greater Pittsburgh CYF INFORMATION AND ELIGIBILITY FORM

CHILD INFORMATION

_____ First Name	_____ Last Name	
_____ Street Address	_____ City	_____ State/Zip Code
_____ DOB	_____ Social Security Number	_____ Race

PARENT/GUARDIAN INFORMATION

_____ First Name	_____ Last Name	_____ Relationship to Child (If Guardian)
_____ Street Address	_____ City	_____ State/Zip Code
_____ Parent DOB	_____ Parent Social Security Number	_____ Race

SERVICE INFORMATION

Services during the school year as part of After School Enrichment, include dinner, homework support and activities.
Services during the summer as part of Day Camp, include enrichment activities, snack and/or dinner and field trips.

SUMMER

_____/_____/_____ Service Start Date	_____/_____/_____ Service End Date
Days of the week attending: <input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> TH <input type="radio"/> F	
_____ Arrival Time	_____ Departure Time

SCHOOL YEAR

_____/_____/_____ Service Start Date	_____/_____/_____ Service End Date
Days of the week attending: <input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> TH <input type="radio"/> F	
_____ Arrival Time	_____ Departure Time

_____ Parent Signature	_____ Date	_____ Phone Number
---------------------------	---------------	-----------------------

Youth Development Business Office
YMCA of Greater Pittsburgh
7140 Bennett St
Pittsburgh, PA 15208

Please note this information is required for CYF program and invoicing.
This form must be complete and legible. A copy of the youth's social security card must accompany this form in order to be considered eligible.

For a better us.



**YMCA of Greater Pittsburgh
PHOTO AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by YMCA of Greater Pittsburgh, I hereby give my permission and consent, now and for all time, to YMCA of Greater Pittsburgh, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Greater Pittsburgh and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Pittsburgh, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Pittsburgh, I authorize, according to this Release, shall belong to YMCA of Greater Pittsburgh, YMCA of the USA and third parties collaborating with YMCA of Greater Pittsburgh and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Pittsburgh;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Pittsburgh will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of Greater Pittsburgh, YMCA of the USA and third parties collaborating with YMCA of Greater Pittsburgh and/or YMCA of the USA;
- YMCA of Greater Pittsburgh, YMCA of the USA and third parties collaborating with YMCA of Greater Pittsburgh and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Pittsburgh; and
- YMCA of Greater Pittsburgh, YMCA of the USA and third parties collaborating with YMCA of Greater Pittsburgh /or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Pittsburgh for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of Greater Pittsburgh, YMCA of the USA and third parties collaborating with YMCA of Greater Pittsburgh and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Pittsburgh as described herein.

Signature: _____ Printed Name: _____

Age: _____ Address: _____

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____