



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Permission Slip and Pass for the Meriden YMCA's Club Y Friday night program  
for middle school students**

Please complete and sign this form for your child to attend the Meriden YMCA's Club Y program on Friday nights during the school year beginning September 25, 2015. Your child must return this form on the first night, and bring the pass every week.

**Student Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Email** \_\_\_\_\_  
Circle One    Member            Non Member

**Parent/Guardian Name** \_\_\_\_\_  
**Relationship to student** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number(s)** \_\_\_\_\_  
**Email** \_\_\_\_\_

**Additional Emergency Contact:**

**Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_  
**Phone Number(s)** \_\_\_\_\_

**Authorization for Medical Care and Permission for Transportation:**

Initial \_\_\_\_\_ In the event I cannot be reached to make medical arrangements for emergency medical attention, I authorize the YMCA to contact Hunters Ambulance to take my child to MidState Medical Center. I accept responsibility for all fees incurred in the care and transportation.

**Acknowledgement:** By my signature, and of my free will, I do hereby agree to indemnify and save harmless of the Meriden YMCA listed from any and all claims or demands, costs or expenses arising out of injury, damages or other losses, whether personal or property, sustained by me or any party whom I am responsible for. The YMCA is hereby granted permission to use the individual or group photographs and/or videotapes showing me/my child in YMCA activities for use in public relations, promotional or advertising purposes.

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**Meriden YMCA Club Y Pass**

Child's name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Age \_\_\_\_\_

**MERIDEN YMCA**

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**www.meridenymca.org**

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