

<u>Half Day Sessìon</u> 12pm-4pm Monday - Thursday

A Second States

Please select the week your child will attend: July 6-July 8 July 12-July 15-DN VACCHION HVIS WEEK. July 19-July 22 July 26-July 29 PAug 2-Aug 5

JOSEPH DOIG 08/23/2012 -2

Child's Name @ Male □ Female Date of Birth ge rad	e (last completed) A	G De Marson
Amanda Parulis	Dad-Mike DZPlay	1 619 Campbell Ave. At. Mon
Parent/Guardian's Name		001.2
306 3rd Street Eator	HOWN, MI 07=	724
Home Address	Town Michael ozelas	Zip Code Mon
N/t-	NOS WORK 732-264-5565	732-473-7666
Home #	Work #	Cell # 1200 -732-500-5260
parulisa 8230 gmail.com	/ bads Email: Mozelasea	omcast.net
Parent/Guardian's Email Address	/	
Tina Ozelas	732-895-5665	Grandmother
Emergency Contact	Emergency Contact Phone	Relationship to Child
#2 Name Beatrice for UUS Relations	hip to child:733-895-5665/848-218 - hip to child: Grandinother hip to child: NEIGHDOR	Phone # Grand Pavents Phone # <u>1320-0007733-275-284</u> 7 Phone # <u>732-720~1203</u>
I give permission for my child's photograph or any videota	ape taken of my child to be used in promotion	nal materials for YMCA of Greater

Monnouth County	W.	162 U	INO N	1	A C
		MAL	and	24/2	Mallan
Parent/Guardian Sig	nati	ureAll	UU	LHI	July

Medical Clearance: I hereby agree that the YMCA administration and the physician's selected by it may, in an emergency, take whatever action is
deemed necessary in my child's best interest.
deemed necessary in my child's best interest. Parent/Guardian Signature, MANY COMMAN

YMCA ProgramParticipation Waiver

Our YMCA conducts its program with the best interests of all participants in mind. The YMCA attempts, at all times, to run programs that are educational, enjoyable, and safe. Further, the activities of the YMCA are designed to further the educational, motivational, and charitable objectives of the YMCA. Nonetheless, participants must understand that some activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Because of the nature of the YMCA activities, injuries may still result even if after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

Parent/Guardian Print Name <u>HMANAA far UNS</u> Parent/Guardian Signature MMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
Office use only: date received:	 •••••••••••••••••	*******



Half Day Session
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Monday - Thursday

Please select the week your child will attend:

⊠ July 6-July 8 ⊠ July 12-July 15 ⊠ July 19-July 22 ⊠ July 26-July 29 ⊠ Aug 2-Aug 5

Child's Last Name Perez	Ch	ild's First Name	Destiny	M F <u>_x</u>
Age: <u>10</u> Birthdate:0 <u>9/15/2010</u> Grad	e Completed: <u>5th</u>			
Parent/Guardian's Name				
Micha	el Perez and Yasmin Radcliffe			
Home Address	Town		Zip	o Code
157 South Street	Eatontown			07724
Home #	Work	#	Ce	II #
732-762-7672	732-910-	7672		
Parent/Guardian's Email Address				
michiganfan	19701@gmail.com			
Emergency Contact	Emerç	jency Contact Phone	Re	lationship to Child
In your absence, who is authorized to #1 Name	Relationship to child:	Grandmother	Phone # Phone #	732-996-9084 732-439-3273
#2 Name Rita Alston	Relationship to child:		Phone #	
I give permission for my child's photog	graph or any videotape taken of n Mulal Pou		promotional materials	for YMCA of Greater
Medical Clearance: I hereby agree that deemed necessary in my child's best i Parent/Guardian Signature	nterest. Michael Perer	physician's selected b	y it may, ìn an emerg	ency, take whatever action i
VMCA DrogramDarticipation Walver				

YMCA ProgramParticipation Waiver

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Parent/Guardian Print Name	Michael Perez	_				
Parent/Guardian Signature	Michael Perez	_ Date_	/19/21			
*****		*******		*****	•••••	*****



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Please select the week your child will attend:

tx July 6-July 8 M July 12-July 15 M July 19-July 22 M July 26-July 29 M Aug 2-Aug 5

Child's Last Name Perez	Ch	ild's First Name	Honesti	M F <u>x_</u>
Age:8Birthdate:11/25/2012Grade Co	ompleted: <u>2nd</u>			
Parent/Guardian's Name				
Michael P	erez and Yasmin Radcliffe			
Home Address	Town	2	Zi	p Code
157 South Street	Eatontown			07724
Home #	Work	<i>‡</i>	Ce	ell #
732-762-7672	732-910-	7672		
Parent/Guardian's Email Address				
michiganfan197	01@gmail.com			
Emergency Contact	Emerg	ency Contact Phone	R	elationship to Child
In your absence, who is authorized to pick #1 NameChristina Perez	up your child? Relationship to child:	Grandmother	Phone #	732-996-9084
#2 Name Rita Alston	Relationship to child:	Grandmother	Phone #	732-439-3273
#3 Name	Relationship to child:		Phone #	
I give permission for my child's photograp Monmouth County ⊠ Yes □ No Parent/Guardian Signature Medical Clearance: I hereby agree that the deemed necessary in my child's best inter Parent/Guardian Signature	Nucheol Perez YMCA administration and the est. Mucheol Perez			

YMCA ProgramParticipation Waiver

Our YMCA conducts its program with the best interests of all participants in mind. The YMCA attempts, at all times, to run programs that are educational, enjoyable, and safe. Further, the activities of the YMCA are designed to further the educational, motivational, and charitable objectives of the YMCA. Nonetheless, participants must understand that some activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Because of the nature of the YMCA activities, injuries may still result even if after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

Parent/Guardian Print Name	Michael Perez	_			
Parent/Guardian Signature	Muchael Perez	Date5/19/21			
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******		*****	• • • • • • • • • • • • • • • • • • • •	••••••	
Office use only: date receiv	ved: Notes:				



Half Day Session	Please select the week your child will attend:	
12pm-4pm	يع July 6-July 8	
Monday – Thursday	july 12-July 15	
	AJuly 19-July 22	
	√July 26-July 29	NT
	Aug 2-Aug 5	
		<u>s</u>
, ×		
Child's Last Name Johnson	Child's First Name Lu (G	S M ₂₀ F
Age: 11 Birthdate: 12 14 09 Grade 0		<i>T</i>
Age: <u>11</u> Birthdate: <u>1101</u> Brade (
THEATTICE SCIEDED		
Parent/Guardian's Name	Totalian anoil	
35+ PINE J.	Faltontarin 077.54	
Home Address	Town	Zip Code
732-542-4252	732-440-4840 861.327	732-859-616165
Home #	Work #	Cell #
tm)3(193(A)	FIMALL CIM	
Parent/Guardian's Email Address		
Emergency Contact	Emergency Contact Phone	Relationship to Child
In your absence, who is authorized to pic	k up your child?	
#1 Name Michael Johnson		Phone # 732-904-2490
#2 Name Mallgakot Jahnson	Relationship to child: <u>ORGINATION</u> Relationship to child:	Phone # <u>132-688-4840</u> Phone #
#3 Name		
	ph or any videotape taken of my child to be used in pro	motional materials for YMCA of Greater
Monmouth County PYes D No	ALAMANA PLANA	
Parent/Guardian Signature	200 Mar Daven)	
Medical Clearance: I hereby agree that the	YMCA administration and the physician's selected by it	may, in an emergency, take whatever action is
deemed necessary in my child's best inte	rest MA JAGTA	
Parent/Guardian Signature	(NIUUCSIND)	-
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YMCA ProgramParticipation Waiver	t interests of all participants in mind. The YMCA attempts, at all	times to run programs that are adusational aniously
	A are designed to further the educational, motivational, and c	
	ities of the YMCA may involve inherent risks and hazards for w	
	ies may still result even if after reasonable precautions have	
cannot be held responsible in the event that in	jury occurs.	
Parent/Guardian Print Name HCAHOCK	KNORN	
Parent/Guardian Signature	GUIDD I	



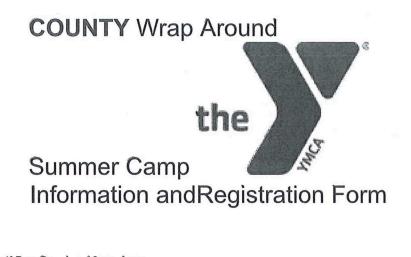
[**EXTERNAL**] Ymca summer camp, yes to all five weeks of camp, if possible, I did my best to complete it, but

1 message

Jennifer Dasilva <littleduck1120@gmail.com> To: tmicciulla@eatontown.org

Wed, May 19, 2021 at 12:34 PM

Home



Half Day Session 12pm-4pm Monday - Thursday Please select the week your child will attend:

X July 6-July 8 Xn July 12-July 15 Xn July 19-July 22 Xn July 26-July 29 X Aug 2-Aug 5

Address Town Zip Code	107 First st Eatontown NJ 07724_	Ho
	Jennifer DaSilva	Parent/Guardian's Name
M F_X Age:7 Birthdate: _04/21/2014	Grade Completed: _1	
Child's First NameAva		
Child's Last NameMcKenna		

cell732-720-1203 home 732-544-1024 v	vork732-212	Home # Work # Cell #	
littleduck1120@gmail.c	om	_ Parent/Guardian's Em	ail Address
1.)Joyce DaSilva, 732-687- grandma			
to Child	C <i>i</i>		,
In your absence, who is authorized to pick up your child? #1 Namejoyce Dasilva Phone #732-687-3936		grandma	
#2 Name Lillie McKenna_/John grandma grandpa #3 Name Paul DaSilva Phone # 732-241-6812	Phone #732298-3734	732-6939520	to child:
I give permission for my child's photograph or any videota materials for YMCA of Greater Monmouth County X Yes		used in promotional	
Parent/Guardian SignatureJennifer DaSilva Medical Clearance: I hereby agree that the YMCA admin emergency, take whatever action is deemed necessary i Parent/Guardian SignatureJennifer DaSilva	istration and the physician n my child's best interest.	's selected by it may, in a	an
YMCA Program Participation Waiver Our YMCA conducts its program with the best interests of programs that are educational, enjoyable, and safe. Furt educational, motivational, and charitable objectives of the activities of the YMCA may involve inherent risks and has of the nature of the YMCA activities, injuries may still rest acknowledged that the YMCA cannot be held responsible	her, the activities of the YM YMCA. Nonetheless, pa zards for which the YMCA ult even if after reasonable	MCA are designed to furt rticipants must understan cannot be held responsi precautions have been	ther the nd that some ble. Because
Parent/Guardian Print NameJennifer DaSilva			
Parent/Guardian SignatureJennifer DaSilva	Date_	05/19/2021	
******	*****	*****	
**************************************	e only: date received:	Notes:	



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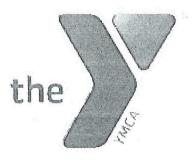
Adduly 6-July 8 Adduly 12-July 15 Adduly 19-July 22 Adduly 26-July 29 Adduly 2-Aug 5

Child's Last Name Haures	Child's First Name 241 au	∩ M F <u>×</u> ⊘
Age: 6 Birthdate: 6 25/14 Grade Comp	pleted: 1 st	
Erica + Mille	Haynes	
Parent/Guardian's Name		
6 RUSSell TE	vrace Eatontown N	JUTTE
Home Address	Town	Zip Code
908-902-4715	732 - 996-0603	
Home #	Work #	Cell #
4 		
Parent/Guardian's Email Address		
erice. haynes	@ primedrx.com	
Emergency Contact	Emergency Contact Phone	Relationship to Child
In your absence, who is authorized to pick up	your child?	
#1 Name Keri Falkin	Relationship to child: AUNt	Phone # +39 - 8773
#2 Name Trishe Spahr	Relationship to child: Aunt	Phone # 908 - 309 - 6853
#3 Name Pom Mahan	Relationship to child: Relationship to child:	Phone # 772-475-3219
l give permission for my child's photograph o	or any videotape taken of my child to be used in promo	tional materials for YMCA of Greater
Monmouth County 🗆 Yes 🗞 No		
Parent/Guardian Signature	Gerlen	
	ACA administration and the physician's selected by it m	av in an emergency take whatever action is
deemed necessary in my child's best interest		ay, in an emergency, take whatever action is
Parent/Guardian Signature		
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YMCA ProgramParticipation Waiver

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Parent/Guardian Print Name_Erica +	taures
Parent/Guardian Signature	



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Child's Last Name Gre gorg			
child's case wante VI Capito	Child's First Name Rover)	M F
Age: 10 Birthdate: 1240- Grade Completed: L	1-th		
Lakisha Brooks			
Parent/Guardian's Name	-		
82 A Eaton crest Drive	Eatontown	017	24
Home Address	Town	Zip Code	
A Market Market and A Market	i de la companya de la compa	732- 69	3 6708
Home #	Work #	Cell #	ka A*
lakisha. brooks 859 gmail Parent/Guardian's Email Address	1. Com		
Parent/Guardian's Email Address			
	·*	grand mot	her
Emergency Contact	Emergency Contact Phone	0 Relationsh	in to Child
	onship to child: grand mother	Phone # 732- Phone # 732- Phone # 732-	
Monmouth County Ves No	house taken of my chine to be used in prome		
Medical Clearance: I hereby agree that the YMCA admini deemed necessary in my child's best interest. Parent/Guardian Signature	istration and the physician's selected by it m	aay, in an emergency, tak	e whatever action is
YMCA ProgramParticipation Waiver Our YMCA conducts its program with the best interests of all and safe. Further, the activities of the YMCA are designed participants must understand that some activities of the YMC	to further the educational, motivational, and cha	ritable objectives of the YM th the YMCA cannot be h	CA. Nonetheless, ield responsible. Becau

Parent/Guardian Print Name_	hakisha	Brook	<2		
Parent/Guardian Signature	1aniho-	Broket	Date	118/20:	21
0	<i>.</i>				

Office use only: date received: _____ Notes:



Half Day Session 12pm-4pm Monday - Thursday Please select the week your child will attend: July 6-July 8 July 12-July 15 July 19-July 22 July 26-July 29 Aug 2-Aug 5

Child's Last Name Gregory	Child's First Name Arian	M_ F_
Age: 10 Birthdate: 12 10-1 2010 Grade Complet	ed: _Lh	
Lakisha Brooks		
Parent/Guardian's Name		
82A Eatoncrest Dri	ive Ectontown	07724
Home Address	Town	Zip Code
	· · · · · · · · · · · · · · · · · · ·	732-693-6708
Home #	Work #	Cell #
Jakisha, brooks 85 (Parent/Guardian's Email Address	amail. com	
Parent/Guardian's Email Address	3-7.	
		mother
Emergency Contact	Emergency Contact Phone	Relationship to Child
In your absence, who is authorized to pick up yo	ur child?	and the second
#I Name Marvin Gregory	Relationship to child: Faller	Phone # 132-789-2753
#2 Name Angela Smith	Relationship to child: grand mather Relationship to child:	Phone # 132-383- 3091
/		Phone #
l give permission for my child's photograph or a Monmouth County Yes No	ny videotape taken of my child to be used in prom	otional materials for YMCA of Greater
	1.1	
Parent/Guardian Signature Jakisha, 4	mon	Second
Medical Clearance: I hereby agree that the YMCA	administration and the physician's selected by it i	may, in an emergency, take whatever action is
deemed necessary in my child's best interest.	0. 11	
Parent/Guardian Signature	Broda	
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YMCA ProgramParticipation Walver		
	ts of all participants in mind. The YMCA attempts, at all t	imes, to run programs that are educational. enioval
	signed to further the educational motivational and ch	

and safe. Further, the activities of the YMCA are designed to further the educational, motivational, and charitable objectives of the YMCA. Nonetheless, participants must understand that some activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Becau of the nature of the YMCA activities, injuries may still result even if after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

Parent/Guardian Print Name Lakisha BRooks Brack Date 5-18-2021 Jakike Parent/Guardian Signature

YMCA OF GREATER MONMOUTH COUNTY Information and Registration Form Wrap Around Summer Camp



or Please select the week your child will attend:		a July 12-July 15	65 July 19–July 22	c#July 26-July 29	or Aug 2-Aug 5
Half Day Session	I zpm-4pm Mondav - Thursdav				

hild's Last Name BAYONA		M	
a. 8 Birthdata, 11/2/2012 Ganda	Completed 3RD		

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Home Address 106 Beacon Iane	Town Eatontown, NJ	Zip Code 07724
Home #	Work # 732-292-7330	Cell # 203-613-4987

liza.bayona@gmail.com; roger.bayona@gmall.com

Emergency Contact	Emergency Contact Phone	Relationship to Child
1 your absence, who is authorized to pick up your child? 1 Name ROGER BAYONA	oick up your child? Relationship to child: FATHER	Phone # 203-434-0724
2 Name WILBETH ELLIS	Relationship to child: AUNT	Phone # 908-438-3274
3 Name	Relationshin to child-	Dhone #

1 give permission for my child's photograph or any videotape taken of my child to be used in promotional materials for YMCA of Greater Monmouth County \mathbb{K} Yes = No $\int_{-\infty}^{-\infty}$

N'A Parent/Guardian Signature

YMCA **FrogramParticipation** Walver Our YMCA conducts its program with the best interests of all participants in mind. The YMCA attempts, at all times, to run programs that are educational, enjoyable, Our YMCA conducts list program with the best interests of all participants in mind. The YMCA attempts, at all times, to run programs that are educational, enjoyable, and safe. Further, the activities of the YMCA are designed to further the educational, motivational, and characteris because participants must understand that some activities of the YMCA minimized and haracteris for which the YMCA cannot be had responsible. Because of the nature of the YMCA activities, injuries may still result even if after reasonable precaudions have been taken but it is actrowided that the YMCA cannot be held responsible in the event that injury occurs.

Date 5/18/2021 Parent/Guardian Print Name Liza Villanueva Parent/Guardian Signature

Notes: Office use only: date received:
