

**Williamstown Youth Center**  
**2009–2010 Membership Application**

Family Name(s): \_\_\_\_\_ Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_

Child's Name	Grade	Date of Birth
1.		
2.		
3.		
4.		

**Basic Membership: \$35**

**1<sup>st</sup> – 12<sup>th</sup> grade**

- Required for all programs, camps & activities
- Up to 12 visits to the After-School Program

**Jr. Membership: \$10.00**

**4 yrs old – Kindergarten**

- Required for all programs

**Emergency Information:**

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Medical

Conditions: \_\_\_\_\_

Special/Comments/Notes:

**Policy Guidelines:**

1. A WYC membership is required for individuals who wish to participate in any program or activity.
2. All children must abide by the WYC rules and respect the property and equipment of the WYC. The WYC staff reserves the right to suspend or terminate a child's membership for abusing Youth Center rules.

"I hereby give my child permission to participate in the Williamstown Youth Center's programs. I understand that my child will be participating in sports and other activities, which may entail risks. By my signature below I agree to hold the Williamstown Youth Center harmless from all claims and liabilities related to my child's participation in Youth Center activities. I also acknowledge that some activities require transportation by bus, van or car and provide permission for my child to use transportation provided by the Williamstown Youth Center."

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs:**

Youth Center activities are sometimes photographed for use on the Center's website and/or for media publications. If you do not wish your child(ren) photographed, please contact the Youth Center.

**Yes, I would you like to volunteer with the Youth Center!** We need people to work events, help with mailings, building maintenance, and volunteers to help with programs. Please fill in the form below, or give us a call.

I can help with:

I am usually available:

**Our Mission:** *The Williamstown Youth Center is committed to nurturing the recreational, social and emotional well-being of the youth in Williamstown and surrounding communities through quality programs for all. We will accomplish this in a safe and enjoyable environment led by positive role models who provide and adapt programs and activities based on the needs of the community.*

**Program Registration Form:** Complete and mail in this form to the Williamstown Youth Center along with your payment. Call David, Michael or Diane at the WYC at 458-5925 with questions.

Family Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Name	Grade	Program(s)	Fee	Comments
1.				
2.				
3.				
4.				

TOTAL: (enter below)

**After-School Program Registration**

Child's Name	Grade	Full Year (\$200 or \$175 for additional children)	Fall (\$70)	Winter (\$70)	Spring (\$70)
1.					
2.					
3.					

TOTAL: (enter below)

**Payment Schedule:**

**Registration: \$ 35 per child (\$ 10 for PreK and K)** \_\_\_\_\_  
**Program Registration (total from above)** \_\_\_\_\_  
**After-School Program (total from above)** \_\_\_\_\_  
**Grand Total:** \_\_\_\_\_

**If you are registering a child for the After-School Program, please read the statement below carefully and sign.**

"I give my child(ren) \_\_\_\_\_ permission to leave the Williamstown Youth Center unsupervised (to walk home, for example). I understand that the Williamstown Youth Center has no responsibility for the whereabouts or care of my child once he or she has left the Youth Center unsupervised."

"I do not give my child(ren) \_\_\_\_\_ permission to leave the Youth Center until a parent or specified guardian comes to pick up my child."

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_