



**Northfield Area
Family YMCA**

This is a NEW program based on parent feedback. The goal of this program is to support youth in Spanish (as a second language) before the 2010 school year begins.

Y FALL SPANISH CAMP

Offered for grades 3-5 this August.

Fall Spanish Camps at a Glance

Dates and Times

3rd Graders: Aug. 2-5,
9am-12pm.

4th Graders: Aug. 2-5,
12:30pm-3:30pm

5th Graders: Aug. 9-12,
9am-12pm

3rd-5th Graders: Aug. 9-12,
12:30pm-3:30pm
(Immersion Week)

Cost: Members: \$35 per week
Non-members: \$45 per week

Deposit: \$15 per week deposit
at time of sign-up to guarantee
spot

**Financial Scholarships
Available.**

Location: Check our website

**Brush-up Your
Spanish Before
School Starts**

**Help your kids get back
into the swing before
their Spanish classes
start this fall.**

**Spanish as a Second
Language Support**

**Support your youth in retaining what
they've already learned before summer
vacation began!**

**Atmosphere"
instruction & activity
-based programming.**

**The last week is an
immersion program!**

**Northfield Area Family YMCA
519 Division Street
Northfield, MN 55057
Phone: 507-645-0088
www.northfieldymca.org**

**Visit the Northfield Family YMCA for infor-
mation on all our programs.**

The Northfield Area Family YMCA welcomes all who wish to participate and annually raises funds to make that possible. Please let us know if we may serve you or your family in any way.

Space is limited so sign up soon! Register on our website (www.northfieldymca.org) or use the registration form on the back of this form.

Northfield Area Family YMCA Registration Form

Mailing address: 519 Division Street, Northfield MN 55057
507-645-0088 www.northfieldymca.org

OFFICE USE ONLY	
Date/Time: _____	Staff Initials: _____
Membership Number: _____	
Membership Type: _____	
Received: Mail Fax In Person	
Confirmation: POS Mail	
Payment Received: Yes No	
Amount Received: \$ _____	

Participant Name: _____
Home Address: _____
City/St/Zip: _____
Birthdate: _____ Gender: M F
Home Phone: _____
Email Address: _____
YMCA Member: Yes or No
T-Shirt Size _____ (if applicable)

The YMCA periodically takes pictures of YMCA members and persons participating in Y programs to use for promotional purposes and programming materials including the YMCA website. If you do not want pictures of yourself or your family used in this way, please let us know.

Class information

Name: _____ Class name: _____ Cost: _____
Name: _____ Class name: _____ Cost: _____
Name: _____ Class name: _____ Cost: _____

Additional Participants (Only if living at same address as first participant):

Name: _____ Birthdate: _____ Gender: M F School/Grade: _____
Name: _____ Birthdate: _____ Gender: M F School/Grade: _____
Name: _____ Birthdate: _____ Gender: M F School/Grade: _____

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Date of Birth: _____	Date of Birth: _____
Work/Cell Phone: _____	Work/Cell Phone: _____
Email: _____	Email: _____

I Hereby Agree to the Following:

- ~ To allow first aid treatment to be given to my child by YMCA staff and/or certified first aid person.
- ~ To allow YMCA staff to take charge in the event that I or authorized emergency contact cannot be reached.
- ~ To allow the YMCA to transport my child in YMCA vans, school bus, or by hiking.
- ~ To fill out a medication form in the event my child needs to be given any medication.
- ~ To discuss with YMCA staff any limitations my child may have in regards to his/her participation in the program.

Parent/Guardian Signature

Date

Release and Waiver of Liability:

The undersigned hereby releases, waives, discharges Northfield Area Family YMCA from liability to the undersigned for any loss or damage on account of injury to the undersigned. The undersigned hereby assumes full responsibility for risk and bodily injury. I also hereby release all photographs of me and my family members taken by the YMCA for promotional purposes, including the YMCA's website and printed materials

Parent/Guardian Signature

Date