

High School and Middle School Age Registration Form

The Center is closed on July 4—6 and August 25 to September 1. The Downtown Community Center is located at 120 Warren Street between Greenwich and West Streets. Copies of this form and other info are available at www.manhattanyouth.org.

Student Information

First name _____ Last name _____

Address _____

City, state and zip _____

Home phone _____ Cell/other phones _____

Email _____

School _____ Current grade _____

female male Birthdate _____

Special needs (please describe) _____

Health restrictions (please describe) _____

Allergies (please describe) _____

Previous participant in a Manhattan Youth, Downtown Day Camp, or Downtown Community Center program _____

Parent or Guardian Information

Parent/guardian 1 (billing address)	Parent/guardian 2
Name _____	Name _____
Address _____	Address _____
City, state, zip _____	City, state, zip _____
Home phone _____	Home phone _____
Cell/other phones _____	Cell/other phones _____
Email _____	Email _____
Employer _____	Employer _____

Emergency Contacts

Name _____	Relationship _____	Cell phone _____
Name _____	Relationship _____	Cell phone _____

Please fill out the back side of this form.

Downtown Community Center

Teens

Legal Consents

Please read and initial all that apply to you.

_____ I certify that my child has permission from his/her pediatrician swim in the Downtown Community Center pool.

I give permission to Manhattan Youth to take my child or me to a hospital emergency room or doctor to obtain medical treatment if necessary. I understand that the highest priority of Manhattan Youth is the safety and well-being of participants and staff. From time-to-time there may be situations or circumstances which, in the opinion of the Program Directors, are not safe, nor are they suitable for the well-being of the users and staff. Therefore, I recognize that Manhattan Youth reserves the right to make decisions about enrollment and participation in Downtown Community Center activities and programs. If my child or I are asked to leave a program, Manhattan Youth will refund a prorated share of the unused fees. I give permission for my child or me to be photographed or otherwise recorded during activities, and for any such photographs to be displayed by Manhattan Youth in any medium (newsletters, web sites, etc.), whether now or hereafter known or developed.

Signature _____ Date _____

Our program fees and contributions are charged on a monthly basis. You may cancel at any time by either returning your notification or contacting our registrar, Mona Lombardi: mona@manhattanyouth.org or 212-766-1104 x 227.

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|--|-----------------|
| <input type="radio"/> Middle School Program—no fee but an adult must register in person at the Center. To help cover costs I want to make a monthly contribution. | \$ _____ |
| <input type="radio"/> High School Program— no fee but an adult must register in person at the Center. To help cover costs I want to make a monthly contribution. | \$ _____ |
| <input type="radio"/> \$1000 contribution <input type="radio"/> \$500 contribution <input type="radio"/> \$100 contribution <input type="radio"/> other contribution | \$ _____ |
| Total enclosed amount | \$ _____ |

Please return this completed form with any checks made out to Manhattan Youth:

Downtown Community Center
120 Warren St.
New York, NY 10007



For Manhattan Youth staff to complete:

Teen program reg. date _____
Registering adult _____
MY staff signature _____