

CONSULT the program calendar. CHECK the activities your child wishes to participate in (please review program restrictions). CROSS OUT any dates during that program session your child CAN NOT attend. CHECK the ride box if transportation is needed (note: van space is limited)

| SIGN UP | PROGRAM NAME | RESTRICTIONS | PROGRAM DATES | RISE ? | Pick Up Location | Drop Off Location |
|-----------------------------|--------------------------|---|------------------------------|----------|------------------|-------------------|
| MONDAYS | | | | | | |
| | FITNESS FRENZY | <i>YC will assign you date(s) and place you in the best fit for transportation</i> | 1/23 1/30 2/6 2/13 | | | |
| | YC SPORTS | <i>YC will assign you date(s) and place you in the best fit for transportation</i> | 3/5 3/12 3/19 | | | |
| | EAST SIDE BOWLING | <i>East side participants ONLY</i> | 3/26 4/2 | | | |
| | EAST SIDE SPORTS | <i>East side participants ONLY</i> | 4/16 4/23 4/30 5/7 5/14 5/21 | | | |
| TUESDAYS | | | | | | |
| | POWER SOCCER | <i>Wheelchairs ONLY YC will assign you date(s) and place you in the best fit for transportation</i> | 1/24 1/31 2/7 2/28 | | | |
| | FENCING | <i>YC will assign you date(s) and place you in the best fit for transportation</i> | 2/28 3/6 3/13 | | | |
| | KARATE | <i>YC will assign you date(s) and place you in the best fit for transportation</i> | 3/27 4/3 | | | |
| | LORAIN COUNTY SPORTS | <i>Lorain County participants ONLY</i> | 4/17 4/24 5/1 5/8 5/15 5/22 | | | |
| WEDNESDAYS | | | | | | |
| | CRAZY CRAFTS | | 1/18 1/25 | | | |
| | ARTS EXPLORATION | | 2/1 2/8 2/15 2/22 2/29 3/7 | | | |
| | PROJECT RUNWAY | | 3/14 3/21 | | | |
| | HIP HOP DANCE | | 3/28 4/4 | | | |
| | IRON CHEF | <i>Lorain County participants ONLY</i> | 4/18 4/25 | | | |
| | PAINTING | | 5/2 5/9 | | | |
| | VIDEO PRODUCTION | | 5/16 5/23 | | | |
| THURSDAYS | | | | | | |
| | BOWLING | <i>YC will assign you 2 dates and place you in the best fit for transportation</i> | 1/19 1/26 2/2 2/9 | | | |
| | SWIMMING | <i>YC will assign you 2 dates and place you in the best fit for transportation</i> | 2/16 2/23 3/1 3/8 | | | |
| | MARCH MADNESS BASKETBALL | <i>YC will assign you 2 dates and place you in the best fit for transportation</i> | 3/15 3/22 3/29 4/5 | | | |
| | HOCKEY | <i>YC will assign you 2 dates and place you in the best fit for transportation</i> | 4/19 4/26 5/3 5/10 | | | |
| | GOLF | <i>YC will assign you 1 date and place you in the best fit for transportation</i> | 5/17 5/24 | | | |
| FRIDAYS AND WEEKENDS | | | | | | |
| | SKIING | | 1/22 | X | Parent Drop-Off | Parent Pick-Up |
| | LEADERSHIP WKSHP | <i>Program will involved SLEDDING</i> | 1/28 | X | Parent Drop-Off | Parent Pick-Up |
| | PIRATE NIGHT | | 2/3 | X | Parent Drop-Off | Parent Pick-Up |
| | PAJAMA PARTY | | 2/10 | | | Parent Pick-Up |
| | ART FEST | | 2/25 | X | Parent Drop-Off | Parent Pick-Up |
| | ST. PATTY'S DAY PARADE | | 3/17 | X | Meet @ YC | Pick-Up from YC |
| | WILLY WONKA PARTY | | 4/20 | | | Parent Pick-Up |
| | SPRING FLING FIESTA | | 5/5 | X | Parent Drop-Off | Parent Pick-Up |
| | SERVICE DAY | <i>Time TBD; TEEN participants ONLY</i> | 5/12 | X | Parent Drop-Off | Parent Pick-Up |

YOUTH CHALLENGE

Winter/Spring 2012 Registration and Transportation Form Online Form

Form DUE January 3, 2012

800 Sharon Drive
Westlake, OH 44145

(440) 892-1001
(440) 892-1004 FAX

youthchallengesports.com

PARTICIPANT INFORMATION

Child's Name _____ Age _____ Date of Birth _____ Weight _____

Address _____ City _____ Zip _____

Please check here if address or phone number has changed.

Home Phone _____ e-mail _____

Child's Physical Disability _____

Please list any equipment that will accompany your child (i.e. wheelchair, walker, etc.): _____

Child's School _____ School Phone _____ Grade _____

School Address _____ City _____ Zip _____

Time child gets out of school _____

Latest child can stay at school _____

Earliest child can be dismissed from school _____

Time child arrives home from school _____

PARENT INFORMATION

Parent's Name _____

Parent's Name _____

Place of Employment _____

Place of Employment _____

Cell Phone _____

Cell Phone _____

e-mail _____

e-mail _____

Emergency Contact (other than above.) Please consider time of programs. _____

Name _____ Relationship _____ Phone _____

HOME ALONE

Is it okay for a van driver to drop your child off at home if a parent is not present? (min. age 12)

_____ YES _____ NO

MEDICAL CONDITIONS

Does your child have significant health conditions (asthma attacks, seizures, etc.) that may require medical attention while riding a YC van?

_____ YES _____ NO Please explain so our drivers can be made aware

REGISTRATION INFORMATION

—See reverse side and calendar for this season's programs

—Programs fill up quickly and there may be waiting lists for some activities so get your form in by **January 3, 2012**

—YC transportation is offered on a limited basis. It is dependent on driver and van availability.

—Staff members will call each week with pick-up times for upcoming programs.

—All participants must have an updated medical form on file prior to attending programs. Med forms are renewed once a year.

Donation Goal # Program Days Checked on Back _____ x \$10 each program = _____

Please Contact Chris Garr, Program Manager—cgarr@youthchallengesports.com; (440) 892-1001, x.20 with questions