



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## 2022 YMCA BRIGHT BEGINNINGS APPLICATION

(Please complete in full, print clearly and return by August 17, 2022)

**CHILD'S INFORMATION**

Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity: \_\_\_\_\_

Age: \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ Upcoming Grade: \_\_\_\_\_ Name of School Attending? \_\_\_\_\_

Does your child's school require uniforms? Y N If yes, please list uniform requirements: \_\_\_\_\_

Do you have transportation for this event? Y N

**SHOE SIZE: (Check one)**

<input type="checkbox"/> 12 Child	<input type="checkbox"/> 12 ½ Child	<input type="checkbox"/> 13 Child	<input type="checkbox"/> 13 ½ Child	<input type="checkbox"/> 1 Child	<input type="checkbox"/> 1 ½ Child
<input type="checkbox"/> 2 C	<input type="checkbox"/> 2 ½ Child	<input type="checkbox"/> 3 Child	<input type="checkbox"/> 3 ½ Child	<input type="checkbox"/> 4 Child	<input type="checkbox"/> 4 ½ Child
<input type="checkbox"/> 5 C	<input type="checkbox"/> 5 ½ Child	<input type="checkbox"/> 6 Child	<input type="checkbox"/> 6 ½ Child	<input type="checkbox"/> 7 Child	<input type="checkbox"/> 7 ½ Adult
<input type="checkbox"/> 8 Adult	<input type="checkbox"/> 8 ½ Adult	<input type="checkbox"/> 9 Adult	<input type="checkbox"/> 9 ½ Adult	<input type="checkbox"/> 10 Adult	<input type="checkbox"/> 10 ½ Adult
<input type="checkbox"/> 11 Adult	<input type="checkbox"/> 11 ½ Adult	<input type="checkbox"/> 12 Adult	<input type="checkbox"/> 12.5 Adult	<input type="checkbox"/> Other: _____	

**CLOTHING SIZE:**

<b>SHIRTS</b>	Youth or Adult	<input type="checkbox"/> 6-8	<input type="checkbox"/> 8-10	<input type="checkbox"/> 10-12	<input type="checkbox"/> 12-14	<input type="checkbox"/> 14-16	<input type="checkbox"/> Other _____
<b>PANTS</b>	Youth or Adult	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	Other _____	
<b>COAT</b>	Youth or Adult <input type="checkbox"/> ADULT	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XK	Other _____	

**PARENT/GUARDIAN INFORMATION:**

NAME OF RESPONSIBLE ADULT: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Please provide an alternate name and contact number if we cannot reach you by phone: \_\_\_\_\_

Siblings attending BURKE COUNTY SCHOOL systems: (Only siblings living in the same household can qualify and they will be verified). Please use back of registration form if needed to add other siblings.

Name: \_\_\_\_\_ Upcoming grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Upcoming grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

**WAIVERS AND PERMISSIONS:**

I permit my child, \_\_\_\_\_, to participate in the YMCA Bright Beginnings Program. I permit the YMCA to use images of my child in internal and external promotional materials. I hereby agree to waive, discharge, covenant not to sue, hold harmless, and indemnify the YMCA of Catawba Valley and their respective agents, employees, officers, directors, members and other staff and personnel, and each of their personal representatives, assigns, heirs and next of kin, from any loss, liability, damage or cost resulting from any and all injuries, claims, demands, actions or judgements which I (and anyone under my supervision) have had, or may have, or which my heirs, executors or administrators may have known or unknown, or injuries to property, real or personal, known or unknown, caused by, arising out of, or related to my (our) participation in this YMCA program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Date

**YMCA OF CATAWBA VALLEY**

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Our Mission: "To put Christian principles into practice through programs that build a healthy spirit, mind and body."