



Chambersburg Memorial YMCA
Youth Achievers Program
2024-2025 Registration Information

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Student Information

Name _____ Gender ____ Age ____ Date of Birth _____

Address _____ Cell Phone _____

Grade Fall 2024 _____ School Attending _____ E-mail _____

Ethnicity: ___American Indian or Alaskan Native ___Asian ___Black or African American
___Native Hawaiian or other Pacific Islander ___White ___Hispanic ___Multi-Ethnic or Multi-Racial

Applicant Interest (check one) []College Prep []Vocational []Certificate []Military []General

Family Information

Parent/Guardian Highest Academic Level Completed: []High School/GED []Some College []College Degree

Parent/Guardian 1 Name _____ Home Phone _____ Work Phone _____

Address _____ Cell phone _____

Parent/Guardian Email Address _____

Parent/Guardian 2 Name _____ Home Phone _____ Work Phone _____

Address _____ Cell Phone _____

Parent/Guardian Email Address _____

Emergency Contacts

Provide an emergency contact other than those listed above.

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Health/Medical Concerns

Please list any health-related issues/allergies which would limit your child's ability to participate in recreational activities or meals (i.e., gym activities/food)

Photo Consent: I give the Chambersburg YMCA permission to take pictures of my child for use in YMCA and public publications including but not limited to the newspaper, websites, brochures, displays, etc.

Parent/Guardian Initial

**Chambersburg Memorial YMCA
Income Survey**

In order to qualify for various funding sources, the following information must be supplied. Each family should indicate the number of persons living in the residence and whether the total family income is above or below the listed figure for the size of the family. Please check the box that corresponds to the size of your household and check whether your income is above or below the number indicated.

<input type="checkbox"/> 1 Person Household Income is	<input type="checkbox"/> Above	<input type="checkbox"/> Below	\$26,973
<input type="checkbox"/> 2 Person Household Income is	<input type="checkbox"/> Above	<input type="checkbox"/> Below	\$36,482
<input type="checkbox"/> 3 Person Household Income is	<input type="checkbox"/> Above	<input type="checkbox"/> Below	\$45,991
<input type="checkbox"/> 4 Person Household Income is	<input type="checkbox"/> Above	<input type="checkbox"/> Below	\$55,500
<input type="checkbox"/> 5 Person Household Income is	<input type="checkbox"/> Above	<input type="checkbox"/> Below	\$65,009
<input type="checkbox"/> 6+ Person Household Income is	<input type="checkbox"/> Above	<input type="checkbox"/> Below	\$74,518

By completing and submitting this application in full, the student and his/her parent or guardian acknowledge that the student will regularly attend the program and will conduct themselves in an appropriate manner while attending the Achievers Program and all other YMCA related events.

Membership privileges that may align with this program depend on program attendance and participation.

Student Signature

Date

Parent/Guardian Signature

Date

**Please complete in full and return your application to:
Amy Lynch, Chambersburg Memorial YMCA, 570 E. McKinley St. Chambersburg, PA 17201**

Verified By: _____
Session Code: 24SAM