



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Member ID#:

### Discovery Zone Information Form

Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ M/F: \_\_\_\_\_

Parent/Guardian Name(1): \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian Name(2): \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Additional Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Other YMCA members allowed to drop off and pick up my child(ren) from Discovery Zone:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-Contagious Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Emergency Contacts

List individuals other than the parent or guardian above.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

#### Rocky Mount Family YMCA, Inc. d/b/a Harrison Family YMCA

1000 Independence Drive, Rocky Mount, NC 27804 (physical address)

PO Box 4063, Rocky Mount, NC 27803 (mailing address)

P 252 972 9622 F 252 972 3580 harrisonfamilyY.org

