Chambersburg Memorial YMCA
Youth Achievers Program
2026-2027 Registration Information

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Student Information

Name_____ Gender ____ Age ___ Date of Birth_____

Address_____ Cell Phone _____

Grade Fall 2026_____ 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.

Field Trip Permission: I give permission for my child to attend field trips with the YMCA Youth Achievers Program during the 2026-2027 school year.

I further give my consent to the YMCA or their representatives to acquire emergency medical treatment from competent medical personal/ facilities should that become necessary for any reason.

As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. We hereby release and hold harmless the YMCA and any and all of its members from any and all liability for any and all harm arising to my child as a result of these trips.

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.

☐	1 Person Household Income is	☐ Above	☐ Below	$26,973
☐	2 Person Household Income is	☐ Above	☐ Below	$36,482
☐	3 Person Household Income is	☐ Above	☐ Below	$45,991
☐	4 Person Household Income is	☐ Above	☐ Below	$55,500
☐	5 Person Household Income is	☐ Above	☐ Below	$65,009
☐	6+ Person Household Income is	☐ Above	☐ 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:
Nikki Wilkerson, Chambersburg Memorial YMCA, 570 E. McKinley St. Chambersburg, PA 17201

Verified By: _____
Session Code: 24SAM