



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Tiftarea YMCA
1657 S. Carpenter Road
Tifton, GA 31793
229.391.9622
www.tiftareaymca.org

2025 Y CHRISTMAS

Basket Wish List

Event: Saturday, December 13th, 2025 at Tiftarea YMCA

Deadline to turn in this form: Wednesday, November 5th, 2025. For Ages 0-13.

Applications turned in after the 5th may not be accepted or processed

Child's name _____ Age _____ Gender _____ Race _____

Address _____ City _____ State _____ Zip _____

Phone #1 _____ Phone #2 _____

(Example Youth or adult- petite or regular -please use actual number size for all clothes and shoes)

Shirt Size _____ Adult <input type="checkbox"/> Youth <input type="checkbox"/> Toddler <input type="checkbox"/>	Under Garment Size _____ Adult <input type="checkbox"/> Children <input type="checkbox"/> Toddler <input type="checkbox"/> Diapers <input type="checkbox"/>	Pants Size _____ Slim <input type="checkbox"/> Husky <input type="checkbox"/> Tall <input type="checkbox"/> Short <input type="checkbox"/>	Shoe Size _____ Men's <input type="checkbox"/> Women's <input type="checkbox"/> Youth <input type="checkbox"/> Toddler <input type="checkbox"/>
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Wish Item #1 _____

Wish Item #2 _____

Wish Item #3 _____

Does your child have special needs? YES or NO

Please Make sure all writing
is legible, and concise.

**Items NOT accepted: Any
item over \$50, bicycles, cell
phones, tablets, or gift cards.**

***Child must be present to receive basket and must reside in the home with the parent/guardian.**

***Please complete this form and return it to the YMCA along with a financial aid application,
your 6 weeks of most recent check stubs, and any other assistance you are receiving (food
stamps, child support, TANF, etc.).**

*** Grandparent cannot sign children up unless they are guardian (must have proof)**

***If you qualify and are selected, you will be contacted by December 10th regarding pick-up dates
and times.**

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date ____/____/____

Email _____

Office Use Only: below this line

Sponsor _____

Pick-up Time _____ am/pm

Staff Initial _____

Basket # _____

TIFTAREA YMCA FINANCIAL ASSISTANCE APPLICATION

EMPLOYMENT INFORMATION

(please attach proof of gross income and financial support for current 6 weeks for all adults related or not related in household or your most current W2 form) **Must bring copies of all information to go in file.** Applications will not be processed unless all information is present.

Your Employer _____ Employer Phone _____

Spouse's Name _____

Spouse's Employer _____ Phone _____

PLEASE LIST ALL PERSONS WHO LIVE IN YOUR HOUSEHOLD (related and not related)

NAME (FIRST AND LAST)	SEX	RELATIONSHIP	DATE OF BIRTH

Please note amount received next to each item that you and anyone in your household receives.

Please include verification for each.

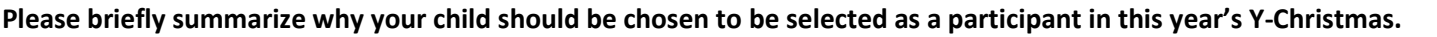
ITEM	AMOUNT RECEIVED	DOCUMENTS ATTACHED (YES OR NO)
SSI		
TANF		
FOOD STAMPS		
SOCIAL SECURTIY		
CHILD SUPPORT		
PELL/HOPE GRANT		
DISABILITY/SICK PAY		
RETIREMENT/PENSION		
UNEMPLOYMENT		
WORKMAN'S COMP		

Note: Documentation of the above information allows the Tiftarea YMCA to better determine your eligibility for financial assistance. All information must be accompanied by the corresponding verification. Please attach all verification to the back of this application. Incomplete applications will not be processed. It is your responsibility to provide the necessary information.

*You must be actively seeking child support in order to receive financial assistance for a child whose parent does not reside in the home. Proof must be provided that you are actively pursuing Child Support Enforcement services.

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WWW.TIFTAREAYMCA.ORG





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PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or the Tiftarea YMCA, I give my consent, now and for all time, to YMCA of the USA, Tiftarea YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- photo reproductions of me
- sound track recordings of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and the Tiftarea YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, Tiftarea YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and Tiftarea YMCA shall exclusively own all known or later existing rights to the uses worldwide .
- YMCA of the USA and Tiftarea YMCA can use any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, Tiftarea YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Child Name/Age: _____ Child Name/Age: _____ Child

Name/Age: _____ Child Name/Age: _____ Child

Name/Age: _____ Child Name/Age: _____ Child

Name/Age: _____ Child Name/Age: _____

I am the Mother/Father/Legal Guardian of child(ren). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor children).

Signature of Mother/Father/Legal Guardian: _____ Date: _____

Printed Name: _____ Date: _____

YMCA OF THE USA
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