

Explore More!

NEWBURYPORT YOUTH SERVICES

PERFECT TURN® SKIING & BOARDING AT ATTITASH

It may seem early, but the skiing and boarding season will be here before you know it! We are heading back to Attitash for our seventh multi-week season! 5 sessions!

WHO: Children in grades 5 - 12 (suggested ages 12-18 years)
WHEN: Saturdays ; February 6, 20, 27 and March 6, 13 (make-up day on March 20)
WHERE: Attitash in Bartlett, New Hampshire

COST:

	Nbpt Res	Non-Nbpt Res
ATT10-01 A Lift Ticket Only	\$310	\$360
ATT10-02 Lift and Ski Rental	\$435	\$485
ATT10-03 Lift and Snowboard Rental	\$435	\$485

PLEASE NOTE: There will be no trip on Sat. Feb. 13th due to Presidents' Day weekend. Registration begins October 19, 2009!

**REGISTRATION RECEIVED AFTER JANUARY 1ST,
WILL BE CHARGED A \$25 LATE FEE.**

The bus leaves from the Nock Middle School parking lot promptly at 7am and we return to Newburyport by 7pm.

Given the state of gas prices and our beloved economy, Newburyport Youth Services has worked to keep the pricing structure very reasonable for the multi week program! We are no longer offering lessons due to the low enrollment in past years. The price includes comfortable coach bus transportation each week. Switching rentals, skiing to snowboarding or vice-versa each week is not allowed. A maximum of two vouchers good for another day during this season will be available in the event you have to miss up to two trips. The vouchers are non-transferable and transportation is not provided.

There will be a **MANDATORY** meeting for **ALL 1st Time Participants** on **Thursday, January 14th** upstairs in the Newburyport City Hall auditorium at 7 pm. Any and all questions you may have will be answered.

To register:

1. Drop off or mail in the registration form and payment to Newburyport Youth Services (2nd floor of City Hall) by Dec. 31st. Checks can be made payable to the *Newburyport Youth Services*.
2. You will receive a packet of forms in the mail, this needs to be returned by January 14th.

Chaperone's are needed. If you or someone you know is interested, please let us know.

Mail registration and payment to:
Newburyport Youth Services
60 Pleasant Street
Newburyport, MA 01950

Visit us at www.cityofnewburyport.com

Contact us by phone at 978-465-4434 or email youthservices@cityofnewburyport.com



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 60 Pleasant Street
 Newburyport, MA 01950
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 youthservices@cityofnewburyport.com
 www.newburyportyouthservices.com

- REGISTRATION INFORMATION**
- For a complete list of all policies, please visit Newburyport Youth Services online.
 - **Helmets are HIGHLY recommended**
 - Registration is not complete until payment has been made: make checks payable to Newburyport Youth Services
 - Release forms and a Code of Conduct will be mailed to you once confirmation has been confirmed. These must be completed before a child may attend the program.
 - For more information please contact us at youthservices@cityofnewburyport.com or 978.465.4434

YOUTH SERVICES REGISTRATION FORM

Applicant's Name _____ If child: / / _____
only one name per form except couple & family courses *date of birth* *age* *grade*

Address _____ City/Zip _____

Home Phone _____ Daytime Phone _____

Parent's Name(s) _____ Email _____

Please check all applicable: Resident ____ Non-resident ____ Attend Nbpt schools ____ Family works in Nbpt ____

Is this child a first time participant in the Attitash Program? yes no

Please Circle Below:	Nbpt Res.	Non-Nbpt Res.
Att09-01 A Lift Ticket Only	\$310	\$360
Att09-02 Lift and Ski Rental	\$435	\$485
Att09-03 Lift and Snowboard Rental	\$435	\$485

Total Due: _____

Donations may be made to allow other youth to participate through scholarship Donation Amount: _____

Rec'd by: _____ Date: _____ Amount collected: \$ _____ Ch # _____ Cash

Refund requested Date: _____ Refund amount _____ Initial _____

EMERGENCY FORM

CITY OF NEWBURYPORT
CITY HALL 60 PLEASANT STREET NEWBURYPORT, MA 01950



Youth Services

YOUTH SERVICES

Mayor's Youth Council

Youth Commission

last name, first name, middle initial

child's name: first, middle initial, last ()

M F / / sex (circle one) date of birth

street address home telephone ()

school attending age/grade

parent/guardian's name work telephone ()

Parental Consent & Parent/Guardian Release Form
I, the undersigned of my child, a minor, do hereby consent to my child's participation in voluntary programs of the City of Newburyport's Youth Services Division.

parent/guardian's name work telephone ()

On behalf of myself and my child, I also agree to forever release the City of Newburyport and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Youth Services Division (the "Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the City of Newburyport's voluntary programs in the Youth Services Division.

doctor's name telephone

insurance provider policy #

subscriber's name

Medical Information
Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any):

On behalf of myself and my child, I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the City of Newburyport's voluntary programs in its Youth Services Division.

Behavioral Information
Please note any special recommendations/goals which would be helpful to the staff to understand:

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

Emergency Information
In case of an emergency, who shall we contact if a parent/guardian cannot be reached? We must have TWO people to call upon.

If I cannot be reached in a medical emergency, I consent to my child's treatment by a medical doctor and agree to pay all costs associated with said treatment, including transportation to a medical facility.

emergency name 1 telephone ()

Parent's/guardian's signature date

emergency name 2 telephone

If your child's information changes, please call Youth Services with corrections. Attach additional sheet as needed for medical and/or behavioral information.

Please print name

THIS FORM IS REQUIRED FOR ALL YOUTH PROGRAMS.

CONTACT US AT 978-465-4434 OR VISIT WWW.CITYOFNEWBURYPORT.COM