

Explore More!

NEWBURYPORT YOUTH SERVICES

EARLY RELEASE to WACHUSETT MOUNTAIN

Schools out early and we're outta here! Bus will pick up at NHS, Nock, and IC on early release days to head to Wachusett Mountain for a full day on the slopes. We will return to the Nock Middle School parking lot by 8pm.

WHO: Children in grades 6 - 12
WHEN: Thurs; Jan 7, Feb 4 and March 4 11:30am-8pm
WHERE: Wachusett Mountain

Cost:		Fee:	Res	Non-Res
WA10-01	A Lift Ticket Only		\$70	\$80
WA10-02	Lift and Ski Rental		\$92	\$102
WA10-03	Lift and Snowboard Rental		\$92	\$102

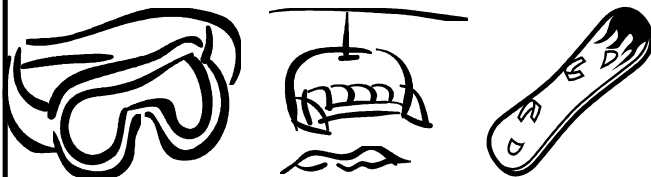
***Helmets are available to rent for \$6. Please bring your own separate payment.

PLEASE NOTE: Registration is OPEN! Students should bring lunch and dinner or money to buy food. The price includes comfortable coach bus transportation each week. Switching rentals, skiing to snowboarding or vice-versa each week is not allowed.

To register:

1. Drop off or mail in the registration form and payment to Newburyport Youth Services (2nd floor of City Hall)
2. You will receive a packet of forms in the mail to be completed.

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



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



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- REGISTRATION INFORMATION**
- For a complete list of all policies, visit Newburyport Youth Services on-line.
 - Helmets are **HIGHLY** recommended***\$6 to rent with separate payment at Wachusett Mountain
 - 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

YOUTH SERVICES REGISTRATION FORM

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

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 an NYS Program? yes no

Rates Per Trip (Circle All That Apply):		Res	Non-Res			
WA10-01	A Lift Ticket Only	\$70	\$80	Jan	Feb	March
WA10-02	Lift and Ski Rental	\$92	\$102	Jan	Feb	March
WA10-03	Lift and Snowboard Rental	\$92	\$102	Jan	Feb	March

Total Due: _____

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

Total Paid \$_____

Office Use Only

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

()

street address

home telephone

()

parent/guardian's name

work telephone

()

parent/guardian's name

work telephone

()

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):

Behavioral Information

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

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.

()

emergency name 1

telephone

()

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.

M F / /

sex (circle one)

date of birth

school attending age/grade

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.

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.

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.

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.

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.

Parent's/guardian's signature date

Please print name

THIS FORM IS REQUIRED FOR ALL YOUTH PROGRAMS.

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