

Early Release Days with NYS



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NEWBURYPORT
YOUTH SERVICES



School is out and NYS is heading to Fuddruckers for lunch and then we're off to check out animals under the sea!

NEW ENGLAND AQUARIUM

Thursday, May 7th, 11:30am-5pm

Grades 1-5 \$45/youth

Be ready to build your own burger or sandwich!

Please pack a nut free snack for the kids to enjoy when they have finished oohing and aahing over the animals!

Forms and payment are due by Monday, May 4th

NYS staff and Salter Bus Company will provide the ride following the end of day bell. Parents are to pick up youth promptly at the Nock Middle School parking lot (Superintendent 's of-

Pack your lunch and some sunscreen and come hang out with NYS for an afternoon of paddling with...



PLUM ISLAND KAYAK



Thursday, June 4th, 11am-4pm

Grades 6-12 \$45/youth

Bring your friends and eat lunch down by the water before heading out on the Merrimac and down to Plum Island for a scenic tour.

Forms and payment are due by Friday, May 29th

NYS staff will walk over with participants to the boardwalk at the end of the school day. Parents are to pick up youth promptly at the boardwalk near the Black Cow.

Please complete the attached NYS waiver form in order for your child to participate. Forms and payment (cash or check-payable to the City of Newburyport) can be returned to the school office or the NYS office at City Hall.

Any questions, please call NYS at 978-465-4434 or email youth@cityofnewburyport.com



EARLY RELEASE DAYS PERMISSION FORM AND WAIVER

For more information, please contact Youth Services
978.465.4434 or email YouthServices@CityofNewburyport.com
www.newburyportyouthservices.com

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

Parent/Guardian's Names _____ School _____

Home Phone _____ Work Phone: _____ Cell Phone(s) _____

Email: _____ **** Make sure you have signed the release below**

Address _____ Town/Zip _____

Emergency Contact: Name: _____ Number: _____

Please note any medical or behavioral information we should know in case of an emergency: (or n/a)

Please note any dietary information/allergy we should know in case of an emergency: (or n/a)

Program Name (Jump On In, Aquarium)	Fee
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

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 _____

Rec'd by: _____ Date: _____

Amount collected: \$ _____ Ch # _____ Cash

*FOR
OFFICE USE
ONLY*

Refund requested Date: _____

Refund amount _____ Initial _____

JUMP ON IN Waiver Form

In consideration of being allowed to enter into the play area and/or participate in any parties or programs at Jump On In, the undersigned, on his or her own behalf and on behalf of the minor (s) identified below, acknowledges, appreciates and agrees that:

?\ I willingly agree to comply with the stated and customary terms, rules and conditions for participa-
In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately; and

?ÀI understand that the risk of injury can be significant, including the potential for paralysis and even death, and while particular rules, equipment and personal discipline reduce the risk, the risk does exist; and

?, I knowingly and freely assume all risks both known and unknown, even if arising from the negligence of the participants. I assume full responsibility for all participants listed below. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the undersigned participants; and

?e I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Jump On In, their officers, agents, employees, other participants, and sponsoring agencies with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and

By signing below for my children, and/or spouse, I also agree to the above conditions, should I decide to participate.

Participant (s): _____ / ____ / ____

Name/Date of Birth Name/Date of Birth

Address/Street: _____ City: _____

State: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name : _____

Emergency Contact if dropping off: Home: _____

Mobile: _____