



DESTINATION IMAGINATION
PERMISSION FORM AND WAIVER

60 Pleasant Street Newburyport, MA 01950
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/School

Parent/Guardian's Names

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)

Are you signing up with a team? YES NO If yes, Which Team?

If you have a team which challenge will you be doing?

Would you be willing to take on new team members your age? YES NO

As a parent as you willing to be a team manager? YES NO Name:

Shirt Size? Yth SM Yth Med Yth Lrg SM MED LRG EXTRA LRG

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