



# Newburyport Youth Services Registration Form

Participant's Name \_\_\_\_\_ / / \_\_\_\_\_  
*only one name per form except couple & family courses*      *date of birth*      *age*      *grade*

Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Parent's Name (s) \_\_\_\_\_ Email \_\_\_\_\_

Please check all applicable: Resident \_\_\_\_ Non-resident \_\_\_\_ Attend Nbpt schools \_\_\_\_ Family works in Nbpt \_\_\_\_  
*If child, is there an updated Emergency Information Sheet on file with Youth Services?*      Yes \_\_\_\_ No \_\_\_\_

## COURSE SELECTIONS

Program, Event or Trip Name	Registration Code		Program Fee <b>**Please include Non-Resident fee Material fees are paid to the instructor</b>
	*1st choice	2nd Choice	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

\* For multi session programs (for the same age group), you can chose an alternate date in case your 1st choice is full.  
**Double check course codes;** please make sure it is consistent with the week you want. Once registered, it is sometimes impossible to switch sessions.  
 \*\*Non-residents pay an additional \$10 per course (waived for 1 day courses)

### HELP FAMILIES IN NEED

Round up your total and help provide scholarships to Newburyport families in need.

Total Fees      \$ \_\_\_\_\_  
 Total Amount Paid      \$ \_\_\_\_\_

**Financial Assistance:** Youth Services is committed to making programs accessible to all of our city's families.

Would you like to speak to the NYS staff about:

Scholarships (full and partial available)

Payment Plan

Please check one and we will contact you

### **Registration: All policies available on-line**

Registration is on a "First Come First Serve" Basis

Paper work must be complete. You may register :

- In- Person
- Mail- In (payment must be included)
- Payment by Cash and Check Only

For Office Use

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Amount collected: \$ \_\_\_\_\_ Ch # \_\_\_\_\_ Cash  
 Refund: \_\_\_\_\_ Void: \_\_\_\_\_ Credit: \_\_\_\_\_

For Office Use Only:  
 Waitlist:  
 Notes:

# Newburyport Youth Services

## Emergency Information Sheet and Waiver

Please write clearly

Child's name: first, middle initial, last

Street Address

Town and zip code

home telephone

Parents email

Parents email

Parent's/guardian's name

cell /telephone

Parent's/guardian's name

cell /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:

Does your child have special needs you would like to discuss further with our staff?                      Yes    No

Does your child require one on one support?    Yes    No

T-shirt size (please circle one)

Youth: SM M L Adult: SM M L XL XXL

M   F

Sex (circle one)

Birth date

Race

Hair color

Eye color

School attending

Age/Grade

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

\_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_

### Parental Signature

I, the undersigned \_\_\_\_\_ (legal relationship) 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 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 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Newburyport Youth Services

www.newburyportyouthservices.com



City Hall, 60 Pleasant Street  
 Newburyport, MA 01950  
 978.465.4434

**Important:** This form must be on file with NYS for all youth programs. Please submit changes/ updates to our office as needed. This form is good for one year from date signed.