

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

YOUTH SERVICES

Youth Services

Mayor's Youth Council

Youth Commission

REGISTRATION INFORMATION

For a complete list of all policies please visit Youth Services on-line at www.cityofnewburyport.com.

In order to register you must have an *updated* Emergency Information form on file (available online) with Youth Services. Please contact our office to update it with new information.

All classes have enrollment limits. Registration into programs is on a first come first serve basis. Register in person at City Hall or by mail (address above), payment must accompany registration in order to be processed. Please pay by check or cash (sorry no credit cards). *Checks payable to City of Newburyport.*

Some financial Aid is available please contact our office for more information

Youth Services reserves the right to cancel any program due to under enrollment . Our Refund/ Cancellation policy is online.

YOUTH SERVICES REGISTRATION FORM

Applicant's Name _____ If child: / / _____
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 ____

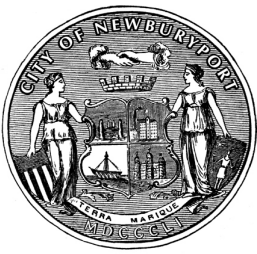
Course Code	Course Name	Fee	N/R Fee*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Non-residents pay an additional \$10 per course (waived for 1 day courses)
Office use Only

Total \$_____

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

Refund requested	Date: _____
Refund amount _____	Initial _____



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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.