

Middle School Activities Club Registration Form

Youth Information

Grades 6-8

(Please Print Clearly)

_____	_____	_____	_____		
Last Name	First Name	Date of Birth	Age		
_____	_____	_____	_____		
Home Address	City, State, Zip Code	Home Telephone Number			
_____	_____	_____			
@ E-mail Address		Cell Phone Number			
_____		_____			
Racial/Ethnic Background:					
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				Primary Language Spoken at Home: _____	

Parent/Guardian Information

_____	_____
Parent/Guardian Name	Parent/Guardian Name
_____	_____
Home Address	Home Address
_____	_____
Home Telephone Number	Home Telephone Number
_____	_____
Cell Phone Number	Cell Phone Number
_____	_____
@ E-Mail Address	@ E-Mail Address
_____	_____
Place of Employment	Place of Employment
_____	_____
Work Telephone #	Work Telephone #

School Information

Name of School: _____ Grade: _____

After School Activity Information

Do you currently attend an after school program?

Yes

No

If yes, please check the program you primarily attend:

- Youth Center (Frisoli, Gately, Moore, Moses, Russell)
- Yo! (East End House)
- Breakthrough Cambridge
- Cambridge Community Center
- Science Club for Girls
- Other: _____

(Application continues on other side)

To be completed by a parent/guardian

Emergency Contacts (in order to be contacted if guardians are unable to be reached):

1. Name: _____ address: _____
Relationship to youth: _____ phone: _____
Do you give permission for your child to be released to this person? yes no

2. Name: _____ address: _____
Relationship to child: _____ phone: _____
Do you give permission for your child to be released to this person? yes no

3. Name: _____ address: _____
Relationship to child: _____ phone: _____
Do you give permission for your child to be released to this person? yes no

First Aid and Emergency Medical Care Consent

_____ Child's Name _____ Date of Birth

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

_____ Parent/Guardian Signature _____ Date

Youth's Allergies: _____ Symptoms: _____

Chronic Health Conditions: _____

Health Insurance Company: _____ Policy #: _____

Please be sure to send your child with any needed medications (inhaler, epi pen, etc.)

Parental Permission, Transportation Agreement and Media Release

I _____ do _____ do not give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic and video reproductions of my child for publicity purposes.

I hereby give my child permission to participate in the Middle School Activities Club activities and trips that I have registered for. I understand that the activities may take place off-site, and understand that I am responsible for getting my child to and from the pick-up location on time.

_____ Parent/Guardian Signature _____ Date