



## Cambridge Youth Programs Middle School Activities Club Registration Form 2018-2019

Middle School Activities Club engages youth in unique social and recreational activities, and specialized classes. The Club is sponsored by the Cambridge Youth Programs and is open to all Cambridge residents in grades 6-8 (public, public charters and private schools). The Club is a great place for young people to develop socially in a structured setting. The Club is not physically located at any one youth center; it is a citywide club and holds events and activities through-out the city and beyond.

**How to Apply:** Upon receipt of your application, our staff will review and determine eligibility and follow-up with any questions, if needed. This process may take up to 5-7 business days. Please reach out to us for the status of your middle schooler's application. This application is for registration for The Club and is valid for your child's middle school experience. All members will need to sign-up and in some cases provide waivers for individual trips and or events.

**How to receive updates about trips and activities:** Members and their parents will receive emails as well as flyers from upper schools and youth centers about upcoming trips and activities. Permission slips/waivers will be attached or provided if required.

### **Eligibility:**

- ☐ 6<sup>th</sup>-8<sup>th</sup> graders
- ☐ Cambridge Resident

### **Additional Forms:**

\*If your child uses *any* medication {prescription including inhalers, over the counter including sunscreen and/or insect repellent} we must have a signed Medication Consent form on file for your child. The consent form must contain the signatures of the parent/guardian and the prescribing physician).

If you have questions, please contact Patricia Bradshaw at [pbradshaw@cambridgema.gov](mailto:pbradshaw@cambridgema.gov) or at (617)498-1289.

### **Sessions**

**Summer:** Monday, June 25th – Friday, August 17th

**Session One:** Tuesday, September 4, 2018 – Friday, January 4, 2019

**Session Two:** Monday, January 7, 2019 – Friday, June 14, 2019

### **Programs Fees**

Registration is one time at no cost. Some events, activities, and/or field trips may have fees.

### **Youth Center Information**

<b>Moses Youth Center</b>	243 Harvard Street	(617) 349-6262
<b>Frisoli Youth Center</b>	61 Willow Street	(617) 349-6312
<b>Gately Youth Center</b>	70R Rindge Avenue	(617) 349-6277
<b>Russell Youth Center</b>	680 Huron Avenue	(617) 349-6314
<b>Moore Youth Center</b>	12 Gilmore Street	(617) 349-6273
<b>Middle School Activities Club</b>	City-Wide	(617) 498-1289



**PLEASE PRINT CLEARLY**

**Gender Identity:** \_\_\_\_\_ **Primary Language Spoken at Home:** \_\_\_\_\_

<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Parent/Guardian #1 Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Relation to Child</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Home Address</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">(       )       -      </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Home Telephone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">(       )       -      </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Cell Phone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">(       )       -      </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Work Telephone #</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">@       .      </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">E-Mail Address</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Parent/Guardian #2 Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Relation to Child</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Home Address</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">(       )       -      </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Home Telephone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">(       )       -      </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Cell Phone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">(       )       -      </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">Work Phone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">@       .      </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">E-Mail Address</div>
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I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Part 2: Emergency Contacts, First Aid, Medical Care Consent

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

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ 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 ☐

### Child's Pediatrician or Source of Health Care:

Name of Doctor and Address \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical Information:** If your child uses *any* medication we must have a signed Medication Consent form on file for your child. Please ask program staff for a form.

Chronic Health Conditions: \_\_\_\_\_ Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Symptoms of Allergic Reaction: \_\_\_\_\_

### First Aid and 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 Initials: \_\_\_\_\_

### Parental Permission, Transportation Agreement

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 Initials: \_\_\_\_\_

### Media Release

I ☐ do, I ☐ do not give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic, audio and video reproductions of my child for publicity and marketing purposes only.

Parent/Guardian Initials: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**