



Cambridge Youth Programs Moore Youth Center Teen Night Live Program Registration Form 2021

How to Apply:

Thank you for your interest in Cambridge Youth Program's Teen Night Live Program! Completed and processed forms gain the participant access to our Teen Night Live out of the Moore Youth Center. Our program will offer sports activities, outdoor programming and fun!

Application may be submitted in person at the Moore Youth Center, or via email at kakelley@cambridgema.gov

Upon receipt of your application, our staff will review and determine eligibility, follow up with any questions and will inform you about the status of your teen's application.

Note: If the applicant is eighteen years old or older, they may complete and sign their own registration form.

Eligibility:

- 14-19 years old and in high school
- Cambridge Resident

Additional Forms:

*If your teen 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 teen. The consent form must contain the signatures of the parent/guardian and the prescribing physician).

If you have questions, please call the Youth Center Director, Kaitlyn Kelley 617-349-6273

Teen Evening Program Information

Dates:

Tuesday, July 6th, 2021- Thursday, August 19, 2021

Summer Hours of Operation:

Monday-Thursday: 6:30pm-9:00pm

Youth Center Information

Moore Youth Center

12 Gilmore Street

(617) 349-6273



**Cambridge Youth Programs
Moore Youth Center
Teen Night Live Program Registration Form 2021**

PLEASE PRINT CLEARLY

Part 1: Youth and Family Information
Teen's Information

_____	_____	____/____/____	_____
Last Name	First Name	Date of Birth	Age
_____	_____	_____	_____
Home Address	City, Zip Code	School	Grade
_____	_____	_____	_____
Eye Color	Hair Color	Skin Color	Height
_____	_____	_____	_____
_____	_____	_____	Identifying Marks
_____	_____	_____	_____
Personal Phone Number	Personal Email Address		

Racial/Ethnic Background (check all that apply):

Native American Asian Black Hispanic/Latino White Other: _____

Gender Identity: _____ **Primary Language Spoken at Home:** _____

Parent/Guardian Information

_____	_____
Parent/Guardian #1 Name	Parent/Guardian #2 Name
_____	_____
Relation to Teen	Relation to Teen
_____	_____
Home Address	Home Address
(____) _____	(____) _____
Home Telephone Number	Home Telephone Number
(____) _____	(____) _____
Cell Phone Number	Cell Phone Number
(____) _____	(____) _____
Work Telephone #	Work Phone Number
_____	_____
E-Mail Address	E-Mail Address

PERMISSION TO OBTAIN STUDENT RECORDS
(IEP, 504 Plan, behavior plans)

I hereby authorize my teen's school/program to release my teen'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 teen's participation in DHSP's out of school time (OST) programs.

I hereby authorize the DHSP to observe my teen in his/her school day classroom/program and to discuss my teen's educational, physical, medical, psychological and/or other needs with his /her teachers, specialists, therapists, medical providers and other caregivers. All records will be used for the purpose of evaluating my teen's participation in DHSP's out of school time 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 teen: _____ Phone: (____) _____
Do you give permission for your teen to be released to this person? Yes No

2. Name: _____ Address: _____
Relationship to teen: _____ Phone: (____) _____
Do you give permission for your teen to be released to this person? Yes No

3. Name: _____ Address: _____
Relationship to teen: _____ Phone: (____) _____
Do you give permission for your teen 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 teen uses *any* medication we must have a signed Medication Consent form on file for your teen. Please ask program staff for a form.

Chronic Health Conditions: _____ Medications: _____
Allergies: _____ Symptoms of Allergic Reaction: _____

First Aid and Medical Care Consent

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my teen 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 teen. However, if I cannot be reached, I hereby authorize the program to transport my teen to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my teen.

Parent/Guardian Initials: _____

Media Release

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

Parent/Guardian Initials: _____

I hereby give my teen permission to participate in all Youth Center programs, activities and trips. I understand that the activities may include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to adolescents and teens.

Parent/Guardian Initials: _____

Parent/Guardian Signature

____/____/____
Date

PLEASE PRINT CLEARLY