



## Mayor Carlo DeMaria's Summer Program: Crimson Kids Registration Packet **EVERETT RESIDENTS ONLY**



Contact Gregg Ellenberg at [gellenberg@ymcamalden.org](mailto:gellenberg@ymcamalden.org) or at 781-324-7680 ext 219 for any questions.

**The following must be completed before your child can join us in summer program. Please check off the list.**

- **Application completed:** \_\_\_\_\_
- **Recent Child's photo Attached:** \_\_\_\_\_
- **Annual physical and immunizations:** \_\_\_\_\_
- **Birth Certificate:** \_\_\_\_\_
- **Medication order (if application):** \_\_\_\_\_

**Health Department Approval:**

Date: \_\_\_\_\_

YMCA Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_ **2017-18 grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Best Contact email for updates and communications:** \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_ **Primary language:** \_\_\_\_\_

**Secondary language:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_ **Primary language:** \_\_\_\_\_

**Secondary language:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Swim level and ability** (Please circle one): **None** **Beginner** **Intermediate** **Strong**

**T-Shirt Size:** Youth Small YM YL Adult Small AM AL AXL AXXL

**Does your child have an IEP at school?** (This will not affect your child's ability to enroll in the program) **YES NO**

**Please add any other information that will help us better serve your child:** \_\_\_\_\_

### Summer Registration for Ages 6 – 14. Please select your sessions here.

Mark X for each Session attending	Sessions	Dates	Cost For 1 Child	Cost 2nd Child	Cost 3rd Child
	<b>Session One</b>	<b>July 10 - 14</b>	<b>\$135</b>	<b>\$110</b>	<b>\$90</b>
	<b>Session Two</b>	<b>July 17 - 21</b>	<b>\$135</b>	<b>\$110</b>	<b>\$90</b>
	<b>Session Three</b>	<b>July 24 - 28</b>	<b>\$135</b>	<b>\$110</b>	<b>\$90</b>
	<b>Session Four</b>	<b>July 31 - Aug 4</b>	<b>\$135</b>	<b>\$110</b>	<b>\$90</b>
	<b>Session Five</b>	<b>Aug 7 - 11</b>	<b>\$135</b>	<b>\$110</b>	<b>\$90</b>
	<b>Session Six</b>	<b>Aug 14 - 18</b>	<b>\$135</b>	<b>\$110</b>	<b>\$90</b>



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**Permissions and Authorizations Page**

**Parent/Guardian Permissions** (Please read carefully, and mark each according to your wishes. If you do not circle "NO", then you are granting the following permissions).

Your child may be photographed/video recorded while involved in program activities. These pictures may be used for projects, slide shows, the news or tv, and promotion and marketing. This consent is expressly intended to release from liability the summer program, their agents and servants and their employees. If you do **not** wish for your child to be photographed or recorded please circle no: **NO**

My child can swim at Department of Recreation public pools with lifeguards present. **NO**

**Self-Dismissal Permission for ages 12-14**

I allow my child to leave the summer program on his/her own at the end of the program on a daily basis without a parent or guardian (If "YES" is not circled, then you are denying permission) **YES**

**Parent/Guardian Authorizations and Understandings** (Please read carefully and sign the bottom.)

- I authorize the summer program staff to perform first aid in the event of injury or illness to my child. In case of an accident, injury or illness requiring medical attention, the nurse, or staff member, will obtain the necessary medical treatment and in the event of an emergency to have my child transported by ambulance to the nearest medical care facility. I understand that in the event of an emergency every effort will be made to contact me. If I cannot be reached, I authorize the medical care staff of the medical care facility to treat my child as necessary. Each incident will be documented in my child's file.
- I authorize the staff to release my child to the emergency contacts that I designate on this application.
- I authorize for my child to be transported by bus, public transportation or supervised walks for the purpose of attending field trips during each session. I understand that this document serves as the permission slip for my child to attend all field trips and that I am responsible for checking in with the staff regarding the field trip schedule and any updates.
- I understand my child will not be swim tested.
- I understand that if my child is still at the program after the program end time the Everett Police Department and the Department of Children and Families may be notified.
- I understand that the summer program is NOT responsible for damage, theft or loss of personal property.
- Included is a **non-refundable** registration fee of **\$35** per week/ per child for each week of participation in the summer program. \$35.00 will be deducted from weekly total of **\$135** for my first child, **\$110** for my second child, and **\$90** for any additional child. I will pay in the form of exact cash or money at City Hall or by credit card or debit card at the Health and Wellness Center.

By signing below, I acknowledge that: **(1)** I have initialed the above permissions; **(2)** I agree to the parent/guardian authorizations and understandings; **(3)** I have read the family Information handbook and accept all of the information and policies, including those regarding my financial responsibilities; and **(4)** I realize that participation in activities has some inherent risks. The child herein described has permission to engage in all activities, except as noted.

I confirm that the information contained in this application is accurate and complete.

**SIGNATURE REQUIRED FOR APPLICATION TO BE PROCESSED**

<b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____
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**Child Photo Identification and Information Sheet**



**Child's Description:** Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Sex M/F: \_\_\_\_\_ Race (optional): \_\_\_\_\_

Any additional identification information: \_\_\_\_\_

***Emergency Contacts (In order to be contacted and authorized to release my child to)***

Parent/Guardian 1 Name: \_\_\_\_\_ Best Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Best Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Please list anyone NOT authorized to contact your child that you would like us to be aware of:** \_\_\_\_\_

**Child's Information:** Allergies, dietary restrictions, and or health conditions that may affect child's activities while attending program. Write "**NONE**" if there are none. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR(child's name):** \_\_\_\_\_

**City of Everett:** We the undersigned father/mother or guardian(s) of our child named above, a minor, do hereby consent to his/her participation in the City of Everett's voluntary athletic programs or recreational programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Everett, a municipal corporation of the State of Massachusetts, and its successors, departments, office employees, servants and agents of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of service, expenses and compensation on account of or in any way growing out of directly or indirectly, all known and unknown personal injuries or property damage which we/ I may now hereafter have as the parent(s) guardian(s) of said minor and also all claims or right of action for damage which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the City of Everett voluntary athletic programs or recreation programs. We (I) also understand that as parents(s) or guardian(s) of said minor have an obligations to the City of Everett's voluntary athletic or recreation programs to inform of my child's food related allergies. Furthermore, We/I hereby agree to protect the City of Everett, and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of resulting from injury to said minor connection with his/her participation in the City of Everett voluntary athletic or recreational, and to INDEMNIFY, reimburse or make good to the City of Everett or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, grossly negligent, or reckless acts or omissions while participating in said sports or recreation programs.

I further affirm that I have read the Consent and Release Form and I understand the content of this Form and 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 the City of Everett voluntary athletic or recreation programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I suffer in the City of Everett voluntary athletic or recreation program.

**YMCA of Malden (Contracted Manager):** In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of MA and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

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



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### Child's Medical Information

**Child's name:** \_\_\_\_\_

**Name of Child's Primary Care Physician:** \_\_\_\_\_

**PCP's Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Allergies To:	Please Circle NO or YES below		If Yes, Please describe.
Medications	NO	YES	
Food	NO	YES	
Insect Bites	NO	YES	
<b>Medical Conditions:</b>			
Asthma	NO	YES	
Seizures	NO	YES	
Diabetes	NO	YES	

Will your child be taking medication during camp hours? NO YES

I hereby grant permission for my child to be given emergency treatment if I cannot be reached.

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

\_\_\_\_\_  
Date

**FOR STAFF USE ONLY**

Date of BOH Review: \_\_\_\_\_ / \_\_\_\_\_ / 2017

Nurse Reviewing Application: \_\_\_\_\_

Parent/ Guardian contacted to make accommodations: \_\_\_\_\_ / \_\_\_\_\_ / 2017