



SNOW DAY DROP-IN PROGRAM

PARTICIPANT INFORMATION

(Community Center cannot accept children under the age of 7 for drop-in)

CHILD'S NAME: _____

HOME ADDRESS: _____

TELEPHONE: (_____) _____ GENDER: _____ AGE: _____

SCHOOL HE/SHE ATTENDS: _____

Does your child have any medical conditions or allergies? If so, please list: _____

Does your child have any special needs that may impact their ability to participate in the program? Yes No

If yes, are you requesting any accommodations or services to enable their participation? _____

PARENT/GUARDIAN INFORMATION:

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME ADDRESS: _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

CELLULAR PHONE: (_____) _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME ADDRESS: _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

CELLULAR PHONE: (_____) _____

I the undersigned parent or guardian of [_____] , a minor, hereby consent to his/her Boston Centers for Youth & Families participation and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of my child to be used by Boston Centers for Youth & Families for publicity purposes. I also agree to allow Boston Centers for Youth & Families to use photographs, audiotapes, video records or other work produced by the member for publicity purposes. I understand that transportation is not provided and it is my responsibility to arrange transportation to and from Boston Centers for Youth & Families Community Centers.

PARENT/GUARDIAN SIGNATURE

DATE
