

MGH Revere Youth Zone Summer Camp 2023

300 Broadway, 2nd floor, Revere, MA 02151

Monday-Friday 8:30am-3:30pm

July 10 - August 11, 2023

The MGH Revere Youth Zone invites youth **ages 9-17** to join the fun at our 2023 summer camp! Our on-site days include sports and recreational games, cooking lessons, art, gardening, and plenty of opportunities to make new friends. Our wonderful field trips include Canobie Lake Park, Museum of Science, George's Island, and more!

Camper's Name _____ **Age** _____

Please indicate which week(s) you would like your child to attend:

Week 1 July 10-14 _____

Week 2 July 17-21 _____

Week 3 July 24-28 _____

Week 4 July 31-Aug 4 _____

Week 5 Aug 7-11 _____

CAMP HOURS: 8:30am -- 3:30pm

CAMP FEE PER WEEK: \$30.00*

*A limited number of scholarships is available based on financial need. Ask Michael Lenson for an application.

T-Shirt Size (adult sizes):

XS___ S___ M___ L___ XL___ 2XL___

REGISTRATION CHECKLIST:

- ___ Registration form
- ___ Physical examination within the last year
- ___ Complete immunization record
- ___ Ice Skating Waiver (*only if attending camp Week 3*)

IN ACCORDANCE WITH THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH REGULATIONS NO CHILD MAY ATTEND CAMP WITHOUT COMPLETED IMMUNIZATION/PHYSICAL EXAMINATION FORMS ON SITE. FAILURE TO SUBMIT THE FORMS WILL CAUSE CHILD TO BE EXCUSED FROM CAMP. NO REFUNDS WILL BE GIVEN.

For further information, contact:
Michael Lenson, Program Manager
mlenson@partners.org
Office phone: (781) 485-6056
Cell phone: (617) 548-3723

ENROLLMENT IS ON A FIRST-COME, FIRST-SERVED BASIS! REGISTRATION DEADLINE: JUNE 9, 2023

FORMS CAN BE DROPPED OFF IN PERSON OR EMAILED TO mlenson@partners.org



MGH Revere Youth Zone Registration Form

Program:
Date:
Received by:

300 Broadway, P.O. Box 88
Revere, MA 02151
Phone: 781-485-6056
Fax: 781-284-0066

Member Information

First Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Grade: _____ School: _____
Home Address: _____
Gender(Pronouns): _____

Parent/Guardian #1

Last Name: _____
First Name: _____
Address same as child's? Yes No
If no, please list: _____
Home phone: _____
Work phone: _____
Cell phone: _____
Email: _____
Employer: _____

Parent/Guardian #2

Last Name: _____
First Name: _____
Address same as child's? Yes No
If no, please list: _____
Home phone: _____
Work phone: _____
Cell phone: _____
Email: _____
Employer: _____

Emergency Contacts (DO NOT LIST PARENT/GUARDIAN)

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Primary Phone: _____	Primary Phone: _____
Secondary Phone: _____	Secondary Phone: _____

Pick Up/ Drop Off

My child is allowed to arrive and depart from the Youth Zone on their own: Yes No
If No, my child has permission to arrive/ depart with:
Parent/Guardian #1 Parent/Guardian #2 Emergency Contacts Other
Other: (1) Name : _____ Relationship to child: _____ Primary Phone: _____
(2) Name : _____ Relationship to child: _____ Primary Phone: _____
Please list anyone who is NOT allowed to pick up or drop off your child: _____

This document as well as an updated physical and immunization record is necessary to attend the program. All documents can be faxed to 781-284-0066

General Health History

My child has allergies: Yes No If Yes, please list allergies and symptoms: _____

My child requires special food needs: Yes No If Yes, please describe: _____

My child can engage in physical activity: Yes No If No, please describe: _____

I certify that my child's immunizations are up to date:

Physical Received: Yes No Immunization History Received: Yes No

Medical Information

Please list any medical conditions your child has: _____

Please list any medications your child is taking: _____

My child's medication is self-administered: My child's requires supervision to administer:

Child's Pediatrician: _____ Located at: _____ Telephone: _____

Child's insurance provider: _____ Policy Number: _____

In the event of an emergency, my child should be transported to the following hospital: _____

Authorizations

Audio/Video/Photo & Social Media: I agree to allow my child to be photographed, videotaped, and/or audio taped within the community and at the Youth Zone in the interest of promoting the MGH Revere Youth Zone and for the purpose of fundraising for our organization. I also agree to allow my child to be published on our social media websites: Yes, I give authorization No, I do not give authorization

Cooking: I agree to allow my child to engage and participate in the MGH Revere Youth Zone Cooking Club under supervision of staff and with other members: Yes, I give authorization No, I do not give authorization

Swimming/boating/water activities: I agree to allow my child to engage in any swimming/boating/water activity supported by Youth Zone: Yes, I give authorization No, I do not give authorization

Entertainment Activities: I agree to allow my child to participate in the viewing of PG- Rated Movies as well as to participate in E-10+ Rated Video Games under Youth Zone staff supervision: Yes, I give authorization No, I do not give authorization

Sunblock and Hand Sanitizer: I agree to allow my child to apply and use sunblock and hand sanitizer during any activity where it is deemed necessary by staff: Yes, I give authorization No, I do not give authorization

Member Agreement

As an MGH Revere Youth Zone Member, I agree to:

- Respect others always
- Respect Youth Zone property always by contributing to a clean and safe environment
- Offer my help when needed
- Listen carefully to the staff when they are speaking
- Abstain from any profanity or vulgar forms of speech
- In no way, shape, or form bully, tease, or gang up on any other members
- Abstain from any physical confrontation or threats to become physically violent, including kicking, hitting, punching, etc.
- Abstain from bringing and illegal and inappropriate items to the Youth Zone including weapons, drugs, alcohol, or paraphernalia
- Understanding that in the event of a lost or stolen item, the Youth Zone is not responsible

Parent/guardian signature: _____ Date: _____

Child signature: _____ Date: _____

I understand that if I violate the member agreement, my parent/guardian will be contacted and that suspension or termination from the Youth Zone may occur.

Staff Purposes Only: Entered into ETO on _____ by _____

FMC ICE SPORTS

ASSUMPTION OF RISK AGREEMENT FOR INDEPENDENT GROUPS

Please Read Before Signing

By signing this form I hereby acknowledge that I have been made aware of the inherent risks involved in ice sports activities and I knowingly and freely accept those risks. Further, I acknowledge and agree that:

1. The risk of injury from the activities involved in this ice sports program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in this independent ice sports group and assume full responsibility for my participation and,
3. I willingly agree to abide by the stated and customary terms and conditions for participation in these types of activities at the ice rink. If, however, I observe any unusual condition or hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on my behalf of my heirs, assigns, personal representatives and next of kin, hereby release Facility Management Corporation and the Commonwealth of Massachusetts, their officers, officials, agents and/or employees ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to persons or property, not arising out of the negligence of the Releasees, to the fullest extent permitted by law.

I have read and understood the above Assumption of Risk Agreement and sign it freely and voluntarily without any inducement.

PARTICIPANT NAME: _____ (Please print)

ADDRESS: _____ **CITY** _____ **ZIP** _____

PHONE NUMBER: _____ **EMAIL:** _____

X _____
PARTICIPANT'S SIGNATURE **DATE SIGNED** **AGE**

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the named Releasees.

X _____
PARENT / GUARDIAN SIGNATURE **DATE SIGNED**