



Newburyport Youth Services
 149 High Street
 Newburyport, MA 01950
 978.465.4434
 youthservices@cityofnewburyport.com
 www.newburyportyouthservices.com

REGISTRATION INFORMATION

- For a complete list of all policies, visit Newburyport Youth Services on-line.
- Helmets are **HIGHLY** recommended***\$6/week to rent with separate payment at Wachusett Mountain
- Registration is not complete until payment has been made: make checks payable to *Newburyport Youth Services*
- Release forms and a Code of Conduct will be mailed to you once confirmation has been confirmed. These must be completed before a child may attend the program.
- For more information please contact us at youthservices@cityofnewburyport.com

WACHUSETT

YOUTH SERVICES REGISTRATION FORM

Applicant's Name _____ If child: / / _____
only one name per form *date of birth* *age* *grade/school*

Address _____ City/Zip _____

Home Phone _____ Daytime Phone _____

Parent's Name(s) _____ Email _____

Please check all applicable: Resident ____ Non-resident ____ Attend Nbpt schools ____ Family works in Nbpt ____

Is this child a first time participant in an NYS Program? yes no

Rates Per Trip (Circle All That Apply):	Res	Non-Res			
A Lift Ticket Only	\$75	\$85	Jan	Feb	March
Lift and Ski Rental	\$93	\$103	Jan	Feb	March
Lift and Snowboard Rental	\$93	\$103	Jan	Feb	March

Total Due: _____

Donations may be made to allow other youth to participate through scholarship Donation Amount: _____

Total Paid \$_____

Office Use Only

Rec'd by: _____ Date: _____

Amount collected: \$ _____ Ch # _____ Cash

Refund requested Date: _____

Refund amount _____ Initial _____

Newburyport Youth Services

Emergency Information Sheet and Waiver

Please write clearly

Child's name: first, middle initial, last	M F	Sex (circle one)	Birth date	Race	Hair color	Eye color
Street Address				School attending	Age/Grade	
Town and zip code	home telephone		Parent's place of business			

Parents email _____

Parents email _____

Parent's/guardian's name _____ cell /telephone _____

Parent's/guardian's name _____ cell /telephone _____

Doctor's name _____ telephone _____

Insurance Provider Policy # _____

Subscriber's name _____

Medical Information

Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any)

Behavioral Information

Please note any special recommendations/goals which would be helpful to the staff to understand:

Does your child have special needs you would like to discuss further with our staff? Yes No

Does your child require one on one support? Yes No

In the case of an emergency, who shall we contact if a parent/guardian cannot be reached? We must have TWO people to call upon.

_____ ()
 _____ ()

Parental Signature

I, _____, Mother/ Father/Guardian of _____ ("my child"), a minor, do hereby

consent to my child's participation in voluntary programs of the City of Newburyport's Youth Services Dept. On behalf of myself and my child, I also agree to forever release the City of Newburyport, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Youth Services Division ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the City of Newburyport voluntary programs in the Youth Services Division.

On behalf of myself and my child, I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the City of Newburyport's voluntary programs in its Youth Services Division.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I 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 said programs. By signing this Form, I affirm that I have decided to allow my child to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

Signed _____ Date _____



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 Kelley School Youth Center
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Important: This form must be on file with NYS for all youth programs.
 Please submit changes/ updates to our office as needed. Forms should be updated annually.