



Cambridge Youth Programs Middle School Activities Club Registration Form 2019-2020

Middle School Activities Club engages youth in unique social and recreational activities, and specialized classes. The Club is sponsored by the Cambridge Youth Programs and is open to all Cambridge residents in grades 6-8 (public, public charters and private schools). The Club is a great place for young people to develop socially in a structured setting. The Club is not physically located at any one youth center; it is a citywide club and holds events and activities through-out the city and beyond.

How to Apply: Upon receipt of your application, our staff will review and determine eligibility and follow-up with any questions, if needed. This process may take up to 5-7 business days. Please reach out to us for the status of your middle schooler’s application. This application is for registration for The Club and is valid for your child’s middle school experience. All members will need to sign-up and in some cases provide waivers for individual trips and or events.

How to receive updates about trips and activities: Members and their parents will receive emails as well as flyers from upper schools and youth centers about upcoming trips and activities. Permission slips/waivers will be attached or provided if required.

Eligibility:

- 6th-8th graders
- Cambridge Resident

Additional Forms:

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

If you have questions, please contact Patricia Bradshaw at pbradshaw@cambridgema.gov or at (617)498-1289.

Sessions

Summer: Monday, June 22nd – Friday, August 21st

Session One: Tuesday, September 3, 2019 – Friday, January 3, 2020

Session Two: Monday, January 6, 2020 – Friday, June 19, 2020

Programs Fees

Registration is one time at no cost. Some events, activities, and/or field trips may have fees.

Youth Center Information

Moses Youth Center	243 Harvard Street	(617) 349-6262
Frisoli Youth Center	61 Willow Street	(617) 349-6312
Gately Youth Center	70R Rindge Avenue	(617) 349-6277
Russell Youth Center	680 Huron Avenue	(617) 349-6314
Moore Youth Center	12 Gilmore Street	(617) 349-6273
Middle School Activities Club	City-Wide	(617) 498-1289



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Part 1: Youth and Family Information

Child's Information

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

Racial/Ethnic Background (check all that apply):

Native American Asian Black Hispanic/Latino White Other: _____

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

PLEASE PRINT CLEARLY

Parent/Guardian Information

_____	_____
Parent/Guardian #1 Name	Parent/Guardian #2 Name
_____	_____
Relation to Child	Relation to Child
_____	_____
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 child's school/program to release my child'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 child's participation in DHSP's out of school time (OST) 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):

- Name: _____ Address: _____
Relationship to child: _____ Phone: (____) _____ - _____
Do you give permission for your child to be released to this person? Yes No
- Name: _____ Address: _____
Relationship to child: _____ Phone: (____) _____ - _____
Do you give permission for your child to be released to this person? Yes No
- Name: _____ Address: _____
Relationship to child: _____ Phone: (____) _____ - _____
Do you give permission for your child 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 child uses *any* medication we must have a signed Medication Consent form on file for your child. Please ask program staff for a form.

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

First Aid and Medical Care Consent

_____ **Child's Name** _____/_____/_____
Date of Birth

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

Parent/Guardian Initials: _____

Parental Permission, Transportation Agreement

I hereby give my child permission to participate in the Middle School Activities Club activities and trips that I have registered for. I understand that the activities may take place off-site, and understand that I am responsible for getting my child to and from the pick-up location on time.

Parent/Guardian Initials: _____

Media Release

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

Parent/Guardian Initials: _____

Parent/Guardian Signature

_____/_____/_____
Date

PLEASE PRINT CLEARLY