

MGH YOUTH ZONE

AFTER SCHOOL PROGRAM



ACTIVITIES WE PROVIDE:

Tutoring/Homework Help, Arts & Crafts, Culinary Lessons, Athletics, Guest Speakers, Music Lessons, & More!

FREE
AGES
9-17

Program Details

 Monday - Friday; Starts Sep 11th

 2:30pm - 6:00pm

 300 Broadway Revere MA 02151

For More Information

 617-548-3723

 mlenson@mgb.org



Scan for Registration Form



MGH REVERE YOUTH ZONE REGISTRATION FORM

In order to attend Youth Zone, please submit a registration form and your child's most recent physical & immunization records

STAFF PURPOSES ONLY:

PROGRAM: _____

DATE: _____

RECEIVED BY: _____

Completed forms & medical records can be emailed to mlenson@mgb.org, dropped-off in person at 300 Broadway Revere MA, or faxed to 781-284-0066

CHILD INFORMATION

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____ SCHOOL: _____

HOME ADDRESS: _____

GENDER AND/OR PRONOUNS: _____

PARENT/GUARDIAN #1

FIRST NAME: _____

LAST NAME: _____

ADDRESS (IF DIFFERENT FROM CHILD'S):

PRIMARY PHONE: _____

SECONDARY PHONE: _____

EMAIL: _____

PARENT/GUARDIAN #2

FIRST NAME: _____

LAST NAME: _____

ADDRESS (IF DIFFERENT FROM CHILD'S):

PRIMARY PHONE: _____

SECONDARY PHONE: _____

EMAIL: _____

EMERGENCY CONTACTS

PLEASE LIST SOMEONE OTHER THAN PARENT/GUARDIANS

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

PRIMARY PHONE: _____

PRIMARY PHONE: _____

SECONDARY PHONE: _____

SECONDARY PHONE: _____

PICK-UP & DROP-OFF

MY CHILD IS ALLOWED TO ARRIVE & 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: _____ PHONE: _____

2) NAME: _____ RELATIONSHIP: _____ PHONE: _____

PLEASE LIST ANYONE WHO IS **NOT** ALLOWED TO PICK UP OR DROP OFF YOUR CHILD: _____

GENERAL HEALTH HISTORY

DOES YOUR CHILD HAVE ALLERGIES? YES NO IF YES, PLEASE DESCRIBE:

DOES YOUR CHILD REQUIRE SPECIAL FOOD NEEDS? YES NO IF YES, PLEASE DESCRIBE:

CAN YOUR CHILD ENGAGE IN PHYSICAL ACTIVITY? YES NO IF NO, PLEASE DESCRIBE:

I CERTIFY THAT MY CHILD'S IMMUNIZATIONS ARE UP TO DATE:

MEDICAL INFORMATION

PLEASE LIST ANY MEDICAL CONDITIONS YOUR CHILD HAS: _____

PLEASE LIST ANY MEDICATIONS YOUR CHILD IS TAKING: _____

ARE THESE MEDICATIONS TAKEN DURING CAMP/AFTER SCHOOL HOURS? YES NO

IF YES, SELECT ONE:

MY CHILD'S MEDICATION IS SELF-ADMINISTERED MY CHILD'S MEDICATION REQUIRES SUPERVISION

PEDIATRICIAN NAME: _____ LOCATION: _____ PHONE #: _____

CHILD'S INSURANCE PROVIDER: _____ POLICY #: _____

IN THE EVENT OF AN EMERGENCY, MY CHILD SHOULD BE TAKEN 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 YOUTH ZONE COMMUNITY IN THE INTEREST OF PROMOTING AND FUNDRAISING FOR THE YOUTH ZONE. MY CHILD CAN BE PUBLISHED ON YOUTH ZONE SOCIAL MEDIA PAGES:

YES, I GIVE AUTHORIZATION NO, I DO NOT GIVE AUTHORIZATION

COOKING: I AGREE TO ALLOW MY CHILD TO ENGAGE AND PARTICIPATE IN THE YOUTH ZONE COOKING CLUB WITH OTHER MEMBERS UNDER STAFF SUPERVISION: YES, I GIVE AUTHORIZATION

NO, I DO NOT GIVE AUTHORIZATION

ENTERTAINMENT: I AGREE TO ALLOW MY CHILD TO PARTICIPATE IN THE VIEWING OF PG-RATED MOVIES AND PLAYING E-10+ VIDEO GAMES UNDER STAFF SUPERVISION:

YES, I GIVE AUTHORIZATION NO, I DO NOT GIVE AUTHORIZATION

SUNBLOCK & HAND SANITIZER: I AGREE TO ALLOW MY CHILD TO APPLY AND USE SUNBLOCK AND/OR HAND SANITIZER AS DEEMED NECESSARY BY STAFF: YES, I GIVE AUTHORIZATION

NO, I DO NOT GIVE AUTHORIZATION

SWIMMING/WATER ACTIVITIES (SUMMER ONLY): I AGREE TO ALLOW MY CHILD TO ENGAGE IN SWIMMING/WATER ACTIVITIES UNDER STAFF SUPERVISION: YES, I GIVE AUTHORIZATION

NO, I DO NOT GIVE AUTHORIZATION

MEMBER AGREEMENT

AS AN MGH YOUTH ZONE MEMBER, I AGREE TO:

- RESPECT OTHER MEMBERS, YOUTH ZONE SPACE, STAFF, AND MYSELF
- LISTEN CAREFULLY TO STAFF & FOLLOW THEIR DIRECTIONS
- ABSTAIN FROM PROFANITY AND VULGAR FORMS OF SPEECH
- IN NO WAY, SHAPE, OR FORM, BULLY/TEASE ANY OTHER MEMBER
- ABSTAIN FROM ANY PHYSICAL CONFRONTATION INCLUDING KICKING, HITTING, ETC
- ABSTAIN FROM BRINGING ANY ILLEGAL OR INAPPROPRIATE ITEMS TO THE YOUTH ZONE (WEAPONS, DRUGS, ETC)
- UNDERSTANDING THAT IN THE EVENT OF A LOST OR STOLEN ITEM, THE YOUTH ZONE IS NOT RESPONSIBLE

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CHILD SIGNATURE: _____ DATE: _____

STAFF PURPOSES ONLY: PHYSICAL IMMUNIZATIONS ENTERED INTO ETO ON _____ BY _____