

the **ANDOVER YOUTH SERVICES** *welcomes you to...*

PEARSON ST

REGISTRATION FORM - WINTER 2009



HOW TO SIGN UP...

1. Read this form and the attached booklet.
2. Decide what you want to do.
3. Bring the form home to your parents.
4. Check off what you want to do
5. Fill out the information below & completely fill out the EIS located on the back of this form.
6. Send it to AYS, 37 Pearson St., Andover MA 01810 or drop off in the red mailbox on our porch.
7. **REMEMBER WHAT YOU SIGNED UP FOR.**
8. **CHECK OUT OUR WEBSITE FOR MORE INFORMATION.**

Name: _____ Age: ____ Grade: ____ Email: _____

Address: _____ Home Phone: _____ Cell Phone: _____

<u>MONDAYS</u>					How will
___	FLOOR HOCKEY	LIMIT 36	6:00 - 8:00	Feb 22-Apr 12	
<u>TUESDAYS</u>					
___	DODGEBALL	NO LIMIT	2:30 - 4:00	Feb 23-Apr 13	FREE
<u>WEDNESDAYS</u>					
___	COOKING WITH TONY	LIMIT 6	2:30 - 5:00	Feb 24-Apr 14	\$100
___	BEAUTY SCHOOL	LIMIT 14	2:30 - 5:30	Feb 24-Apr 14	\$80
___	MAKING the BAND	LIMIT 6	2:30 - 5:30	Feb 24-Apr 14	\$30
<u>THURSDAYS</u>					
___	ART ATTACK	LIMIT 6	2:30 - 5:00	Feb 25-Apr 15	\$60
___	FITNESS for FUN	LIMIT 13	2:30 - 5:00	Feb 25-Apr 8	\$30
___	GYM GEMS with JAMEY	NO LIMIT	2:30 - 4:00	Feb 25-Apr 15	FREE
<u>FRIDAYS</u>					
___	B.O.Y.S.	LIMIT 8	2:15 - 5:00	Feb 26-Apr 16**	\$40
___	ROCKCLIMBING	LIMIT 8	2:15 - 5:00	Feb 26-Mar 19**	\$60

FEBRUARY VACATION

___	DODGE the PAINT	LIMIT 26	11:00 - 6:00	Mon Feb 15	\$60
___	GIRLS...HAVE FUN	LIMIT 12	9:00 - 4:00	Mon Feb 15	FREE
___	SKI and RIDE	LIMIT 26	8:00 - 6:00	Tue Feb 16	\$65
___	SLIDE and DIVE	LIMIT 13	9:00 - 5:00	Wed Feb 17	\$65
___	NEED for SPEED	LIMIT 13	9:00 - 5:00	Th-Fr Feb 18/19	\$225

TOTAL: _____

Please be sure to double check the location of your program choices. Some AYS programs provide transportation while others do not. AYS programs are first come, first served. If you have an idea for a program or questions regarding these programs, please contact the AYS at the number below.

DON'T FORGET TO FILL OUT EMERGENCY INFO ON BACK!

Permission and Emergency Information Sheet

Please write clearly

Child's name: first, middle initial, last

Street Address

Town and zip code home telephone

Parents email

Parents email

Mother's/guardian's name cell telephone

Father'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:

Andover Youth Services

Town Offices, 36 Bartlet Street, Andover, MA 01810
Telephone: (978) 623-8241 Fax: (978) 623-8221

T-shirt size (please circle one)

Youth large Adult: SM M L XL XXL

M F

Sex (circle one)

Birthdate

School attending

Age/Grade

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.

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Parental Signature

I, the undersigned _____ (legal relationship) of _____ ("my child"), a minor, do hereby consent to my child's participation in voluntary programs of the Town of Andover's Youth Services Division.

On behalf of myself and my child, I also agree to forever release the Town of Andover, 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 Town of Andover's 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 Town of Andover'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 _____