



andover youth services

WINTER

Feb 23 & 24 HIKE

Join the AYS on a mid-winter backpacking trip to the Kinsman mountains in NH. We'll eat lots of bacon and tackle as many peaks as we can. Full winter gear is available to borrow, all you need is the taste for adventure. Limit 8.

TO REGISTER: VISIT THE AYS OFFICE AT 37 PEARSON ST.
AND FILL OUT THE FORM ON THE BACK OF THIS FLYER.

NO CHARGE - SPONSORED IN PART BY THE PEP GRANT

FOR MORE INFO: PLEASE CALL GLENN @ AYS AT 978.623.8241

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:

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.

_____ (____)

_____ (____)

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 _____

Andover Youth Services

37 Pearson St., Andover, MA 01810

Telephone: (978) 623-8241

www.andoveryouthservices.com

ays@andoverma.gov