



**Mayor Carlo DeMaria's Summer Program :
Crimson Kids Registration Packet
EVERETT RESIDENT REGISTRATION**

The following must be completed before your child can join us in summer program. Please check off the list.

- Application completed: _____
- Recent Child's photo Attached: _____
- Annual physical and immunizations: _____
- Birth Certificate: _____
- Medication order (if application): _____

Health Department Approval:

Date: _____

Notes: _____

Child's Name: _____ Age: _____ School: _____ 2020-2021 grade: _____

Home Address: _____ Best Contact email: _____

Parent/Guardian 1 Name: _____ Primary language: _____

Secondary language: _____ Relationship to Child: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Parent/Guardian 2 Name: _____ Primary language: _____

Secondary language: _____ Relationship to Child: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Swim level and ability (Please circle one): **None** **Beginner** **Intermediate** **Strong**

T-Shirt Size: Youth Small YM YL Adult Small AM AL AXL AXXL

Does your child have an IEP at school? (This will not affect your child's ability to enroll in the program) **YES** **NO**

Please add any other information that will help us better serve your child: _____

Summer Registration for Ages 6 - 14. Please select your sessions here.

Mark X for each Session attending	Sessions	Dates	Cost For 1 Child	Cost Per Each Additional Child
	Session One	July 13-17	\$75	\$25
	Session Two	July 20-24	\$75	\$25
	Session Three	July 27-31	\$75	\$25
	Session Four	Aug 3-7	\$75	\$25
	Session Five	Aug 10-14	\$75	\$25
	Session Six	Aug 17-21	\$75	\$25
	Session Seven	Aug 24-28	\$75	\$25



Mayor Carlo DeMaria's Summer Program : Crimson Kids Registration Packet Permissions and Authorizations Page

Parent/Guardian Permissions (Please read carefully, and mark each according to your wishes. If you do not circle "NO", then you are granting the following permissions).

Your child may be photographed/video recorded while involved in program activities. These pictures may be used for projects, slide shows, the news or tv, and promotion and marketing. This consent is expressly intended to release from liability the summer program, their agents and servants and their employees. If you do **not** wish for your child to be photographed or recorded please circle no: **NO**

My child can swim at Department of Recreation public pools with lifeguard's present. **NO**

Self-Dismissal Permission for ages 12-14

I allow my child to leave the summer program on his/her own at the end of the program on a daily basis without a parent or guardian (If "YES" is not circled, then you are denying permission) **YES**

Parent/Guardian Authorizations and Understandings (Please read carefully and sign the bottom.)

- I authorize the summer program staff to perform first aid in the event of injury or illness to my child. In case of an accident, injury or illness requiring medical attention, the nurse, or staff member, will obtain the necessary medical treatment and in the event of an emergency to have my child transported by ambulance to the nearest medical care facility. I understand that in the event of an emergency every effort will be made to contact me. If I cannot be reached, I authorize the medical care staff of the medical care facility to treat my child as necessary. Each incident will be documented in my child's file.
- I authorize the staff to release my child to the emergency contacts that I designate on this application.
- I understand this program is a City of Everett Municipal Recreational Summer Program.
- I authorize for my child to be transported by supervised walks to, and from, the pool & park.
- I understand my child will not be swim tested.
- I understand that if my child is still at the program after the program end time the Everett Police Department and the Department of Children and Families may be notified.
- I understand that the summer program is NOT responsible for damage, theft or loss of personal property.
- Included is a **non-refundable** registration fee of **\$25** per week/ per child for each week of participation in the summer program. \$25.00 will be deducted from weekly total of **\$75** for my first child, **and \$25** for any additional child. I will pay in the form of exact cash or money at City Hall or by credit card or debit card at the Health and Wellness Center.

By signing below, I acknowledge that: **(1)** I have initialed the above permissions; **(2)** I agree to the parent/guardian authorizations and understandings; **(3)** I have read the family Information handbook and accept all of the information and policies, including those regarding my financial responsibilities; and **(4)** I realize that participation in activities has some inherent risks. The child herein described has permission to engage in all activities, except as noted.

I confirm that the information contained in this application is accurate and complete.

SIGNATURE REQUIRED FOR APPLICATION TO BE PROCESSED

Parent/Guardian Signature: _____ **Date:** _____



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Child Photo Identification and Information Sheet



Child's Description: Child's Name: _____

Date of Birth: _____ Eye Color: _____ Hair Color: _____ Height: _____

Weight: _____ Sex M/F: _____ Race (optional): _____

Any additional identification information: _____

Emergency Contacts (In order to be contacted and authorized to release my child to)

Parent/Guardian 1 Name: _____ Best Contact Phone #: (____) _____

Parent/Guardian 2 Name: _____ Best Contact Phone #: (____) _____

Name: _____ Relationship to Child: _____ Phone #: (____) _____

Name: _____ Relationship to Child: _____ Phone #: (____) _____

Name: _____ Relationship to Child: _____ Phone #: (____) _____

Please list anyone NOT authorized to contact your child that you would like us to be aware of: _____

Child's Information: Allergies, dietary restrictions, and or health conditions that may affect child's activities while attending program. Write **"NONE"** if there are none. _____



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WAIVER AND RELEASE BY PARENT OF MINOR CHILD FROM LIABILITY FOR PARTICIPATION IN RECREATION ACTIVITIES AT THE CITY OF EVERETT

I, _____, on behalf of _____ (hereinafter referred to as "CHILD") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge *City of Everett, 484 Broadway, Everett, MA 02149 (The City)* and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of **The City** provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that said CHILD will participate in may be inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, CHILD, my heirs, assigns and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property, that I or said CHILD may have against the aforementioned released party to such activity.

CHILD has the necessary and requisite skills to participate in all facets of, and activities of and requested of this facility, except as noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **The City**, including but not limited to training or at the facility, using the facility/field and its equipment, practicing and/or engaging in any baseball drills, exercises, tournaments or activities, events or other related activities on and off the premises.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19: The coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization as being extremely contagious. The City of Everett ("City") has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. As such, it is possible that by attending the Program it could increase your risk and your child(ren)'s risk of contracting COVID-19. Therefore, I declare:

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that I am assuming that risk. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any related injury to my child(ren) or myself including, but not limited to, illness, damage, loss, claim, liability, or expense, of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Program or participation in Program. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Program, its employees, agents, and representatives of all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Program, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Program.



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This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, **The City** whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said CHILD and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Medical Conditions. CHILD is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said CHILD should require emergency medical care: _____

Prohibited Activities. As a result of the above-mentioned medical conditions, I, on behalf of said CHILD, am prohibiting involvements in the following specific activities: _____

Date

Printed Name of CHILD

Printed Name of Parent (Guardian)



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Signature of Parent (Guardian)

Medical Information

Name of Child's PCP: _____

PCP's Telephone: (_____) _____ - _____

Office Address: _____

City: _____ State: _____ Zip: _____

Allergies to:

Medications ___ NO ___ YES: _____

Food ___ NO ___ YES: _____

Insect Bites ___ NO ___ YES: _____

Medical Conditions:

Asthma ___ NO ___ YES: _____

Seizures ___ NO ___ YES: _____

Diabetes ___ NO ___ YES: _____

Coronavirus (COVID-19)

Has your child or anyone else in your household been exposed or diagnosed with COVID-19 within the past 14 days?

___ NO ___ Yes: _____

Will your child be taking medication during camp hours? ___ NO ___ YES

I hereby grant permission for my child to be given emergency treatment if I cannot be reached.

Parent/Guardian Signature

Date

Please do not write below the above line

Date of BOH Review: ___/___/ 2020

Nurse Reviewing Application: _____

Parent/ Guardian contacted to make accommodations: ___/___/ 2020

Follow-up letter documenting accommodations sent to Parent/ Guardian



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Additional Comments: _____