

For Internal Use Only		Date Received _____	Allergy _____
Active List _____	Wait List _____	Date Confirmed _____	Recent Injury _____
		By _____	Other _____
Paperwork Complete _____	Paperwork Not Complete _____		None _____
			Meds _____

2017 YOUTH LEADERSHIP ACADEMY MAIL IN APPLICATION AND WAIVERS

MUST BE SUBMITTED ON LINE AND THEN MAILED

When printing please print application one sided. PLEASE PRINT CLEARLY

A parent/guardian must complete this form for the participant. Attach any additional needed information, including a copy of the participant's immunization and physical exam records, asthma/allergy action plans, copy of health insurance card, or other needed information. Keep a copy of the completed form for your records. If your participant has any special conditions, needs, or limitations, you must speak with the Director before being accepted in the Academy program. Non-disclosure may result in dismissal from the Academy.

If mailing more than one application, applications must be clearly separated. All copies of each application should be stapled. To insure that siblings' applications are not separated, mail sibling applications in one envelope. Submit one application per participant.

NOTE: You must apply for the city in which you reside. All information must be provided in full. If any information is omitted, your child will be placed on the wait list until all information is provided, this includes any necessary signatures and waivers. If the week is filled, the applicant will be placed on the wait list. The applicant may be given the opportunity to attend an alternate week.

PLEASE CHECK ONE OF THE FOLLOWING – One application per participant

Ages 8–11 Junior Leadership Academy Ages 12–15 Senior Leadership Academy

Attending week of _____ To _____ Week # _____ City/Town _____

Child's Name _____ Nick Name _____

First MI Last
Date of Birth _____ Age _____ Sex: Male _____ Female _____ Other _____ Participant is entering grade _____
Month/Day/Year

Address _____ City _____ State _____ Zip _____

Custodial Parent(s)/Guardian(s) Name _____

Primary contact number _____ E-mail _____

Second Parent(s)/Guardian(s) Name _____

Secondary number _____ E-mail _____

If you are not available in an emergency, who should be contacted? Required! Someone who knows the participant well and can assist in reaching the parent/guardian.

Name _____ Primary Number _____ E-mail _____

Relationship to Child _____

My child will be taking the bus _____ Bus Location (City/Town) _____ Time _____

I will drop my child off at the Essex Technical High School (formerly Essex Aggie) _____

Must choose one t-shirt size

Child - SM _____ MED _____ LG _____

Adult - SM _____ MED _____ LG _____ XLG _____ XXL _____

Participant's Name _____ **This page REQUIRED to be filled out and mailed**

Healthcare Provider

Primary Care Provider _____ Telephone _____

Name of Practice _____ Address _____

Required: Include a copy of the participant's immunization record and proof of physical exam prior to participation. The date of the last tetanus immunization is required.

Medical Insurance: Is the participant covered by health/accident insurance or Medicaid? __yes__no

Insurance Carrier/Plan Name _____ Policy # _____

Subscriber's Name _____ Relationship to Child _____

___I have reviewed the program/activities information provided and feel the participant can participate without restrictions.

___I have reviewed the program/activities information provided and feel the camper can participate with the following restrictions or adaptations. Please describe below.

Allergies:

___No known allergies ___This participant is allergic to: ___Food___Medicine___the environment (hay fever, insects, etc.
___Other

Describe below the allergy and the reaction below.

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the participant:

1. Been hospitalized/had surgery in the past 2 years?

___Yes___No

2. Have a recurrent/chronic illness(es)?

___Yes___No

3. Had a recent injury/illness/infection?

___Yes___No

5. Have asthma*/wheezing/shortness of breath?

___Yes___No

6. Have diabetes?

___Yes___No

7. Had Seizures?

___Yes___No

8. Have severe or frequent headaches?

___Yes___No

9. Wear glasses/contacts/protective eyewear?

___Yes___No

10. Have frequent bloody nose?

___Yes___No

11. Have a phobia? (note type/severity below)

___Yes___No

12. Passed out/had chest pain during exercise?

___Yes___No

13. Had Mononucleosis during the past year?

___Yes___No

14. Ever had back/joint problems?

___Yes___No

15. Ever had a head injury or concussion?

___Yes___No

16. Ever been treated for Lyme Disease?

___Yes___No

17. Ever been stung by a bee?

___Yes___No

18. Have any skin problems?

___Yes___No

19. Have problems with diarrhea, constipation,
or frequent stomach aches?

___Yes___No

20. Had fainting or dizziness

___Yes___No

21. Have motion sickness

___Yes___No

22. Traveled outside the U.S. in the past year?

___Yes___No

Explain "Yes" answers in the space below, noting the number of each questions requiring a response. For travel outside the U.S. give places visited and dates of travel. Attach additional pages if needed.

* ___If the participant has asthma, include a copy of the participant's asthma action plan.

Participant's name _____ This page **REQUIRED** to be filled out and mailed

Mental, Emotional, and Social Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.
Has/does the participant:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?
__Yes__No
2. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder?
__Yes__No
3. Ever have need for an aide at school?
__Yes__No
4. Used an individualized education plan (IEP) during the previous school year?
__Yes__No
5. Speak a primary language other than English?
__Yes__No

Explain "Yes" answers in the space below, noting the number of each question requiring a response. Attach additional pages to provide additional information if needed.

To better care for the participant: Provide any additional information about the participant's behavior or physical, mental, emotional, and social health that you think important or that may affect the participant's ability to participate in the Youth Leadership Academy (shyness, learning style, etc.) List any strategies used to manage the concern or enhance the participant's ability.

Medications at home:

___This participant does not take medications regularly at home.

___This participant takes the following medications at home. Please describe the medication and condition below.

___Daily: _____ ___Seasonally: _____ ___Other: _____

Medications at Youth Leadership Academy:

Include any medication that the participant may need to take at the YA, including vitamins, Lactaid, etc. Attach additional pages if needed. The participant's parent/guardian must supply these medications, labeled with the participant's name, unexpired and in original containers, and bearing specific direction for administering. Prescription medications must have the full pharmacy label. Contact the YA Director if a participant takes medication for mental health and the medication or dose has changed within the three months prior to the YA Academy.

The participant will bring the following medications to Youth Leadership Academy:

Name of Medication	Amount or Dosage	How it is given (by mouth etc.)	When it is given	Date Started	Reason for taking
			__Time_____ __As needed		
			__Time_____ __As needed		
			__Time_____ __As needed		
			__Time_____ __As needed		

Participant's name _____ This page **REQUIRED** to be filled out and mailed

Asthma Emergency Medications:

___ This participant does not have asthma emergency Medications.

___ Include a copy of the participant's asthma action plan. Contact the YA Director if you have any questions.

Name of Medication	Amount/Dosage	Route: (by mouth, inhale exhale)	When it is given

___ This participant needs asthma medication only for respiratory illness and will not bring it to the Academy unless a parent/guardian notifies the Director.

___ This participant will bring asthma medication to cam but does not need to have it nearby at all times. The medication may be stored in the medication storage unit with the staff.

Parent/Guardian signature _____ (medication storage unit)

___ This participant will bring asthma medication to the YA and should have it nearby at all times in the medication storage unit with the staff.

Parent/Guardian signature _____ (medication storage unit)

___ This participant will also bring: ___ nebulizer ___ spacer

Allergy Emergency Medications:

___ This participant does not have allergy emergency medications.

___ Include a copy of the participant's allergy action plan. Contact the YA Director if you have any questions.

Provide two EpiPens bearing the original pharmacy labels.

Name of Medication	Amount/Dosage	Route: (by mouth, inhale exhale)	When it is given
Benedryl/diphenhydramine			
EpiPen/EpiPen Jr.			
Other			

___ This participant will bring allergy emergency medication but does not need to have it nearby at all time. The medication may be stored in the medication storage unit with the staff.

Parent/Guardian signature _____ (medication storage unit)

___ this participant will bring allergy emergency medication and should have it nearby at all time in the medication storage unit with the staff. Staff will monitor each done.

Parent/Guardian signature _____ (medication storage unit)

___ This participant has been trained to administer his/her own EpiPen (required for age 5+)

___ This participant recognizes the onset of an allergic reaction and can notify a staff member if symptoms occur.

___ This participant does not recognize and report the onset of an allergic reaction. Call the YA Director immediately!

Participant's name _____ This page **REQUIRED** to be filled out and mailed

Release/Pick-up: All participants must be accompanied by an adults for drop off and pickup

My participant may be released to the following adults (including carpool drivers or those who may pick up in an emergency) Include the first and last names of each person allowed to pick up your participant.

1. Name _____ Relationship: Custodial Parent/Guardian
2. Name _____ Relationship: Second Parent/Guardian
3. Name _____ Relationship: _____
Telephone _____ Cell _____
4. Name _____ Relationship: _____
Telephone _____ Cell _____

The parent/guardian may send a signed note to make changes to this list. People picking up participants must bring a photo ID. If a person is not listed above arrives to pick up a participant, the participant will remain with YA staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the participant may not be released, please inform the YA in writing.

Medical Waiver and Authorization – This agreement is required for participation

Medical Release: This health history is correct and accurately reflects the known health status of the named participant. The participant described has permission to participate in all YA activities excepts as noted by me and/or an examining physician. I give permission to YA staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the participant if needed. I give permission to the physician selected by the YA to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I understand that information on this form will be shared on the "need to know" basis with Academy staff.

Medications: Pursuant to Massachusetts law and ECSD policy, I authorize ECSD's YA staff to administer as listed Medications at Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

Insurance: I certify that the named participant is covered by health and accident insurance or Medicaid and the policy information given is correct.

Off-Site Trips: I give permission for my participant to participate in and be transported to any off-site trips as scheduled, and this completed form may be photocopied for off-site trips.

Release/Pick-up: I understand the release policy as described and authorize YA to release my child to the people/methods listed.

I, the parent/legal guardian of the named participant, have read, understood, and agree to all the above

Signature of custodial Parent/Guardian _____ Date: _____

Print Name _____ Relationship to Participant _____

Participant's name _____ This page **REQUIRED** to be filled out and mailed

Program: I give permission for my child to participate in all YA program activities similar to those describe in this application. I understand that YA reserves the right to change program activities or instructors, and cancel programs, should YA decide in its sole judgement that it is necessary and appropriate to do so.

Expectations/Dismissal: I have informed the YA Director and any other appropriate staff of any limitations to my child's participation and agree to abide by YA's sole judgment as to whether my child can be accommodated in the YA. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in the child's dismissal from the YA. I understand that my child must follow the stated behavior expectations and safety rules and that YA reserves the right in its sole judgement to dismiss any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.

Sun and Bugs: I understand that outdoor exploration is an integral part of YA and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her to the YA each day. I give permission to YA staff to assist my child in re-applying sunscreen, insect repellent, and topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any ticks that may become attached. I understand that I am responsible to do a complete check upon my child's return home.

If your child is placed on the active list and will not be attending please notify us immediately - **OR** - If your child is going to be **absent on any day**, you must leave a message no later than 7:30AM that day. If you need to contact your child while he/she is at the YA, please call 978-750-1900 ext. 3312.

No lunch is required on Friday. There will be a cookout/graduation at 12 noon at Essex Technical High School, 562 Maple Street, Hawthorne, Ma. (**Route 62, Danvers, MA.**) Parent/guardians are encouraged to attend. You may take your child home immediately following the graduation.

Sneakers are mandatory and must be worn at all times. **Flip flops, sandals, half skirts, tank tops, short shorts, or pants below the beltline are prohibited.** Please be advised that failure to comply with the foregoing may lead to your child being prohibited from participating in the day's activities and being sent home. **Please check the weather forecast, dress your child appropriately. Some activities are held outdoors.**

Please supply your child with a water bottle and lunch every day. Snacks are also recommended. Backpack or carry bag is recommended. **Please label with your child's name.**

If a child has his/her cell phone, it must be placed in their backpack/carry bag and turned off. Please be advised that the use of cell phones during the day is prohibited. Failure to adhere to the foregoing may result in the confiscation of the phone, which will be returned at the end of the day.

No child will bring drugs, alcohol, weapons, fireworks, headphones, Ipods, games, balls (basketballs allowed), skateboards or electronic games to the Academy.

I have read and agree to abide by the terms and policies listed and found within this application.

I, the parent/legal guardian of the named participant, have read, understood and agree to the above.

Signature of custodial Parent/Guardian _____ Date _____

Audio/Visual Image Release:

ECSD's Youth Leadership Academy uses images and sounds of children and staff participating in YA programs as a way of documenting the enjoyable and educational experiences they have while exploring and enjoying our activities. YA will not identify my child, or will identify my child only by first name and program, unless I give prior written permission to do otherwise.

In consideration of the above, I hereby give my permission and consent to ECSD Youth Leadership Academy: (1) photographing, filming, and video/audio taping my child, (2) using and displaying images and sound of my child in YA's websites, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles. I hereby waive and release on behalf of my child and myself any rights to compensation for, or ownership of, such images and/or sounds of my child and the above uses of them by ECSD and the Youth Leadership Academy. I have read this audio/visual release and agree to its terms and conditions.

Signature of Custodial Parent/Guardian _____ Date _____

Print name _____ Relationship to participant _____

Participant's name _____ This page **REQUIRED** to be filled out and mailed

ECSD's Youth Leadership Academy (YA) staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that YA activities may include, but are not limited to: hiking on uneven terrain, playing active games, participating in activities near water, and other activities such as being near animals. The schedule of activities is available on the first day of each week. Special activities may also be included but not limited to: using ropes challenge course and trampolines that may include both high and low elements. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless ECSD, its officers, administrator, directors, employees, interns, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the ECSD Youth Leadership Academy and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Youth Leadership Academy and activities, Excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during ECSD's Youth Leadership Academy's programs and activities and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the ECSD's Youth Leadership Academy program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described in the this application.

Signature of custodial Parent/Guardian _____ Date _____

Print name _____ Relationship to participant _____

**PLEASE PRINT – SAVE & READ ALL PERTINENT INFORMATION
PRIOR TO YOUR CHILD ATTENDING**

**FOR MORE INFORMATION PLEASE CALL 978-750-1900 EXT 3312 OR E-MAIL
US WITH YOUR QUESTIONS AT ya@eccf.com ALSO PLEASE REFER TO OUR
WEBSITE FOR UPDATES AND CHANGES
www.mass.gov/essexsheriff/community**

UPON COMPLETING ALL FORMS, MAKE COPIES FOR YOUR RECORDS.

REMINDER

Please mail only sheets that are filled out/signatures.

Participant's name _____ **This page REQUIRED to be filled out and mailed**
The following is REQUIRED to be filled out OR a copy of a previously completed form (within the past year) may be submitted. See below in yellow. Please mail with all other required forms.

To the Parent/Guardian: If your healthcare provider has given you a form recording the most recent physical exam and all required immunizations, send a copy to the Academy and do not complete and return this page. Please check off the statement below noting you are sending a copy.

If your healthcare provider has not given you a form recording the most recent physical and all required immunization, complete the participant information below and send this page to the healthcare provider's office to complete. It is your responsibility to return this completed page to the YA prior to being admitted to the YA. Keep a copy of this completed for your records.

*** ☐ **I am sending copy of the most recent physical exam (within the past Year)**

Participant Information:

Name _____ Male ☐ Female ☐ Other ☐ Date of Birth _____
 First MI Last

Parent/Guardian Name _____ Telephone _____

To the Licensed Medical Provider: Complete this form for the participant named above Attach any additional needed information. A copy of a previously completed form from a yearly physical, or similar, may be submitted in place of this form. Physical exam done today:

☐ Yes ☐ No - If No, date of last physical _____ Weight _____ Height _____ Blood Pressure _____/_____

Allergies: ☐ No known allergies The above named allergic to ☐ Food ☐ Medicine ☐ Other
☐ The environment (hay fever, insect stings etc.) Describe previous reactions to the above listed allergies below.

If the participant has an anaphylactic allergy or asthma, include a copy of the participant's allergy and/or asthma action plan.

Diet and Nutrition: ☐ The above named eats a regular diet. ☐ The above named has a medically prescribed diet or dietary restrictions. Please describe:

Medications: ☐ The above named does not take any medications. ☐ The above named takes the following medications(s). Describe below, and include the medication name, dose, frequency, and reason for taking. Attach additional information if necessary.

Will the above named require limitations or restrictions to activity while at the YA? ☐ Yes ☐ No

If "Yes" what limitations/restrictions do you recommend? Describe below. Attach additional information if needed.

Please include below any additional information for YA healthcare staff:

Immunization History: Provide the day, month, and year for each immunization. Massachusetts requirements are listed below. Serologic proof of immunity is accepted in lieu of immunizations. YA participants must meet the requirements for the grade they are entering. Immunizations must be recorded and signed by a licensed medical provider. The date of the last tetanus immunization is required.

Immunization (Grade(s): # doses)	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5/most recent
Diphtheria, tetanus, pertussis (DPT, DT, DTaP, Td, or Tdap) [Pre, 1 st – 6 th , 4, K:5]					
Tetanus booster (Td, Tdap) [7 th – 10 th]	Must be within the last 10 years				
Measles, Mumps, Rubella (MMR or MMRV) [Pre: 1, K-12 th :2]					
Polio (OPV or IPV) [Pre, 7 th -12 th : 3,K-6 th :4]					
Hepatitis B [Pre-6 th :3]					

Signature of Licensed Healthcare Provider _____ Date _____

Print Name _____ Title _____ Office telephone _____

Office Address _____
 Street Address City State Zip

REQUIRED to be filled out and mailed

Launch Trampoline Park Assumption of Risk, Waiver of Liability, And Indemnification Agreement

("Agreement") Page 1 of 2

Participant #:	First Name (Print)	Last Name (Print)	Birthdate
Participant 1:			

In consideration for gaining access to and use of Fun Dynamics, LLC (d/b/a Launch Trampoline Park), a Massachusetts limited liability company ("LTP"), property, facilities and services ("LTP Facilities and Services") and engaging in the use of and participation in the facilities, equipment and activities in and associated with LTP ("LTP Activities"), I the undersigned, on behalf of myself and my spouse, children, parents, legal wards, heirs, assigns, personal representatives, estate, and insurers, and on behalf of any Minor Participant listed above, agree as follows:

____(Initial here) I am the Adult Participant and/or Parent/Guardian on behalf of a Minor Participant listed above and I hereby acknowledge, accept and agree that participation in LTP Activities, particularly the use of trampolines, inflatable "bounce houses", advanced and/or aerial obstacle course equipment, and rock climbing and bouldering features, involve known and unanticipated risks that could result in physical and/or emotional injury, which include but are not limited to broken bones, sprained or torn muscles or ligaments, paralysis, other bodily injury, or death, or property damage caused by myself, a Minor Participant, or a third party. I acknowledge that the above list is not inclusive of all possible risks associated with use of LTP Facilities and Services and participation in LTP Activities, and I agree that such list in no way limits the extent or reach of this Agreement. I acknowledge and understand that such risks cannot be eradicated without jeopardizing the core qualities of LTP Activities. I acknowledge that the aforementioned risk of physical and/or emotional injuries may also happen to an observer or bystander. I have received information to my satisfaction regarding the use of LTP Facilities and Services and participation in any and all LTP Activities and have had the opportunity to ask any and all questions I desired to ask. I understand the demands of LTP Activities are relative to my and/or Minor Participant(s)'s physical condition and skill level and acknowledge the types of injuries that may occur as a result of LTP Activities and the potential impact on an individual's well-being and lifestyle. **I hereby agree that my access and access of a Minor Participant to LTP Facilities and Services and participation in LTP Activities is voluntary and that I knowingly assume all inherent risks.**

____(Initial here) In further consideration of access and use of LTP Facilities and Services and participation in LTP Activities, I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, on behalf of myself, my spouse, my heirs, legal wards, personal representatives, assigns, and Minor Participant(s) (collectively, "Releasing Parties") do hereby release, waive, and discharge LTP, its owners, directors, managers, officers, employees, affiliates, volunteers, independent contractors, lessors (including, but not limited to, DKA Equity, LLC, a Massachusetts limited liability company), equipment providers, and agents (collectively, "Protected Parties") from legal liability, claims, demands, and causes of action, whether the same is known or unknown, anticipated or not, arising from the ordinary negligence of LTP or Protected Parties, including personal and/or emotional injury or death from incidents or illnesses arising from participation in LTP Activities and any and all claims resulting from the damage to, loss of, or theft of property, and I, for myself and on behalf of Releasing Parties, further agree that except in the event of LTP's gross negligence and/or willful and wanton misconduct, I shall not bring any claims, demands, legal liability, and/or causes of action against LTP for any losses, whether economic or non-economic, due to property damage, personal and/or emotional injury or death sustained by me or Minor Participant(s) that are in any way associated with LTP Facilities and Services or LTP Activities. I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, further agree to hold harmless, release, discharge, defend, and indemnify LTP and Protected Parties (*i.e.*, defend and pay any judgment and costs, including attorneys' fees and related expenses) from any and all claims of the Releasing Parties arising from injury or loss due to participation of myself or a Minor Participant at LTP (including claims arising from the inherent risks of LTP Activities and those arising from the ordinary negligence of LTP or Protected Parties). I further agree to hold harmless, defend, and indemnify LTP and Protected Parties against any and all claims of co-participants, rescuers, and others arising from conduct of myself or a Minor Participant in the course of my participation or Minor Participant(s)'s participation at LTP

Launch Waiver Page 2

(including claims arising from the inherent risks of LTP activities and those arising from the ordinary negligence of LTP or Protected Parties). In the event any dispute arises, I, the Adult Participant and/or Parent/Guardian on behalf of Minor Participant, agree bring such dispute within one (1) year of the date of this Agreement and to engage in mediation to settle the dispute. Any agreement reached will be formalized by a written contractual agreement at that time. Should the issue not be resolved by mediation, I agree that all disputes, controversies, or claims arising out of my participation or Minor Participant(s)'s participation at LTP shall be submitted to binding arbitration in accordance with the applicable rules of the American Arbitration Association then in effect.

____(Initial here) I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, hereby acknowledge, agree to and/or certify the following: I and/or Minor Participant is/are physically and emotionally able to participate in any and all LTP Activities without aid or assistance; I and/or Minor Participant am willing to assume the risk of any physical or medical condition I and/or Minor Participant may have; I have read all rules governing participation of myself or a Minor Participant in LTP Activities ("LTP Rules"), I have explained such rules to any Minor Participant(s) listed in this Agreement, and I understand that failure to follow all LTP Rules may result in the expulsion of myself and/or Minor Participant(s) listed in this Agreement from this LTP location; This Agreement supersedes any and all previous oral or written promises or agreements with LTP, this is the entire agreement between me and/or Minor Participant(s) and LTP, and that the Agreement cannot be modified or changed in any way by representations or statements by any agent or employee of LTP; I am at least eighteen (18) years old; I acknowledge it is my or a Minor Participant's duty to inform staff and cease exercise immediately if I or a Minor Participant feels any unusual discomfort or suffers any injury during participation and alert the staff to any rules violations or dangerous behavior of co-participants; **I agree to inform LTP of any injury (even minor injuries) prior to leaving the LTP facility** and agree to assume all costs of emergency medical care and transportation; I grant LTP the right, without limitation, to photograph, videotape and/or record me and/or a Minor Participant and authorize LTP to use any such photographs, images, or likenesses in LTP marketing and displays, regardless of media; and I expressly agree that the foregoing Agreement is intended to be as broad and inclusive as is permitted by applicable laws and that if any portion thereof is held void or unenforceable, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By signing this Agreement, I understand that I am giving up substantial rights, including my right to sue and any right to sue on behalf of Minor Participant(s), and I acknowledge I am signing the agreement freely, voluntarily, and intelligently, and with the full knowledge of its legal consequences. I intend my signature to be a complete and unconditional release of all liability due to ordinary negligence by LTP and the Protected Parties to the greatest extent allowed by law. I certify I am the parent or legal guardian of any Minor Participant listed in this Agreement or have been granted power of attorney to execute this Agreement on behalf of a parent or legal guardian of such Minor Participant. In the event I do not have the authority to execute this Agreement on behalf of another, I agree I shall be solely liable for any and all resulting claims, actions, penalties, causes of action, services, fees, or similar expense.

Adult Participant's Signature or Signature of

Driver's License Number

Parent/Guardian of Minor Participant(s)

Date

Please provide the following information for Adult Participant or Parent/Guardian of Minor Participant(s)
(Please Print):

First Name:	Last Name:	Birthdate:
Street Address:	City:	State: Zip:
Primary Phone Number:	Email Address:	
Emergency Contact:	Contact Phone Number:	

☐ Please check box if you would like to receive email discounts and promotions at the above email address.

Agreement accepted by: _____ (LTP Employee) MB799541

REQUIRED to be filled out and mailed

Jump on In - Waiver Form

In consideration of being allowed to enter into the play area and/or participate in any parties or programs at Jump On In, Inc., the undersigned, on his or her own behalf and on behalf of the minor(s) identified below, acknowledges, appreciates and agrees that:

I willingly agree to comply with the stated and customary terms, rules and conditions for participation. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately; and

I understand that the risk of injury can be significant, including the potential for paralysis and even death, and while particular rules, equipment and personal discipline reduce the risk, the risk does exist; and

I knowingly and freely assume all risks both known and unknown, even if arising from the negligence of other participants and employees. I assume full responsibility for all participants listed below. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the undersigned participants; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Jump On In, Inc., their officers, agents, employees, other participants, and sponsoring agencies with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and

By signing below for my children, and/or spouse, I also agree to the above conditions, should I decide to participate.

[illegible]

Address			
Street	City	State	Zip
123 Main St	Springfield	IL	62761
456 Oak Ave	Madison	WI	53706
789 Pine Rd	Portland	ME	04101
101 Elm St	San Francisco	CA	94102
202 Cedar Ln	Phoenix	AZ	85001
303 Birch Dr	Seattle	WA	98101
404 Spruce Way	Denver	CO	80202
505 Willow Ct	Chicago	IL	60601
606 Ash St	Los Angeles	CA	90001
707 Hickory Ave	New York	NY	10001
808 Sycamore Rd	Houston	TX	77001
909 Magnolia Dr	Philadelphia	PA	19101
1010 Poplar Way	Boston	MA	02101
1111 Chestnut Ct	San Antonio	TX	78201
1212 Walnut St	San Diego	CA	92101
1313 Olive Ave	Las Vegas	NV	89101
1414 Cherry Rd	San Jose	CA	95101
1515 Peach Dr	Fort Worth	TX	76101
1616 Apple Way	Columbus	OH	43201
1717 Pear Ct	San Francisco	CA	94102
1818 Plum St	Indianapolis	IN	46201
1919 Fig Ave	San Francisco	CA	94102
2020 Lemon Rd	San Francisco	CA	94102

Adult Signature: _____ Date: _____

Emergency Contact if dropping off: Home: _____ Mobile: _____

REQUIRED to be filled out and mailed

ESSEX AGRICULTURAL & TECHNICAL HIGH SCHOOL



562 MAPLE STREET
PO BOX 362
HATHORNE, MA
01937



Student Program Information, Assumption of Risks and Agreements of Release and Indemnity

Essex County Sheriff's Department

School Name Youth Leadership Academy Program Date(s) _____

Dear Parent: WELCOME TO ESSEX AGGIE'S HIGH 5! Please read this document carefully. Parts I, II and III seek medical and other information about your child. Part IV contains important information about the High 5 experience and may affect your legal rights and those of your child in the event of an injury or some other loss. The document must be signed by at least one Parent.

Activities and Risks: High 5 programs are designed to be age appropriate and well within the capabilities of children in reasonably good health. They incorporate a variety of activities including games and problem solving initiatives. Each child may choose the level of his or her participation. Minimizing risks is a high priority at High 5, but participants and their families must understand that there are risks of physical or emotional injury, and must assume those risks. While the risk of injury is small, participants may suffer sprains, abrasions and other, more serious, physical and emotional trauma. Injuries and other losses can result from, among other causes, moderate to strenuous activity including the possibility of falling, abrupt contact with fixed and other objects and persons, close personal contact with other participants or staff members, including the possibility of inadvertent and unwelcome touching, and misjudgments of other participants. High 5 recommends that participants be covered by health and accident insurance for the duration of their participation.

Managing risks effectively is very important in all of our programs at Essex Agricultural & Technical High School. Please help us by providing the information requested below. Let us know if your child has any condition (current or past) that could affect his/her involvement in all activities and provide any other information that will help us provide a productive and enjoyable experience.

If you have any questions about your child's program, don't hesitate to call the Essex Agricultural & Technical High School's High 5 office at 978-750-9210.

Part I - General Information

Student's Name _____ Date of Birth _____

Address _____ Sex Male Female

Name of Parent/Guardian _____ Home Phone # _____

Address _____ Work Phone _____

A Public Regional Vocational Agricultural High School · Commonwealth of
Massachusetts

REQUIRED to be filled out and mailed

Danvers Fire Department
 64 High Street
 Danvers, Massachusetts 01923
 978-762-0245 Fax 978-762-0246

Dear Parent/Guardian(s):

Imagine you are a young child and you awaken one night to find your bedroom filling with smoke. Your house is on fire! What would you do?

To make sure your child has the skills that can potentially save his/her life, we will be teaching burn prevention and fire safety in class. A key element of this learning process will include a tour at school of the Fire Safety House.

This mobile classroom is specially designed to teach children vital burn prevention and fire escape techniques through a fun, safe simulation of common hazards. The fire Safety House is equipped with a kitchen, bedroom, and living room.

The House fills with a nontoxic water based smoke. This realistic environment teaches children to 'crawl low' to safety. A heated door helps children choose the right exit. An escape ladder is used to exit from the bedroom.

If your child suffers from asthma, other respiratory conditions or allergies that may be irritated by the nontoxic smoke, please indicate that below before allowing him/her to tour the House.

Note: All participants should wear pants/shorts and no-heeled shoes the day of the tour.

Check one Child's Name

____My child_____may tour the Fire Safety House.

____My child_____may not tour the Fire Safety House.

____My child, has asthma, an allergy or respiratory condition that may be irritated by the nontoxic smoke and should not be in the House during that part of the program.

 Parent/Guardian Signature

 Date

REQUIRED to be filled out and mailed

Rock Wall Release and Assumption of Risk Form (Required for Group Participants) 2 pages

Since La Vida's beginning in 1970, it has had an excellent safety record. All activities are well within safety limits and standard procedures are strictly enforced by trained instructors. The La Vida policy, "Challenge by Choice", means that each participant determines the level and extent of their participation. The staff will encourage participants to try each activity, but will not use or allow peer pressure to force any participant to do anything they would prefer not to do.

But we are required by law to inform each participant of the risk and danger involved in adventure activities. Therefore, this "Release and Assumption of Risk" form has been drawn up and must be signed by each participant and the parents of minors.

I am aware that during La Vida's Rock Wall certain risks and dangers may occur which are out of the control of the instructors. I further realize that I will be participating in activities in which the risk of an accident may be greater than in my normal way of life.

Although I know that safety procedures and precautions are in place, I know that I will be climbing vertical walls as high as 28 feet and that falls may occur possibly causing scrapes or other injuries.

In consideration of the right to participate in such activities, I have and do hereby assume all the above risks, and will hold Gordon College, and the Rock Wall Instructors harmless from all liability, actions, causes of actions, debts, claims, and demands of every kind and nature which might arise in conjunction with my participation in La Vida's Rock Wall.

I also acknowledge the fact that the instructors have the right to terminate my participation in the Rock Wall because of my health or physical condition. I agree that the decision of the instructors shall be binding upon me.

Name of Participant _____

Signature of Parent or
Legal Guardian _____ Date _____

Photo Release - I give La Vida and Gordon College permission to use any and all photos taken of me, during the Rock Wall and other La Vida activities for promotional materials.

Name of Participant _____

Signature of Parent or Legal Guardian _____

Rock Wall Medical History and Emergency Form (page 2)

Name: (last)_____ (first)_____ (middle initial)_____

Address:_____ City:_____ ST:_____ Zip:_____

Phone: (____)_____ Age:_____ Date of Birth:_____ Sex:_____

Person to be notified in case of injury:_____ Relationship:_____

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

1. Confidential Fitness Readiness Questionnaire MUST BE FILLED OUT

Many health benefits are associated with regular moderate exercise, and we're glad you have chosen to increase your level of physical activity. For most people an increase in physical activity should not pose any problem or hazard. However, for a small number of adults an increase in physical activity, particularly rigorous physical activity, might be inappropriate. There are also those who should have medical advice in choosing a type and level of activity right for them. The following checklist can help guide you in how to proceed with your new choice, and will guide us in helping you reach the level of activity right for you. **Please check the following as they apply to you—**

- ☐ Yes ☐ No• Have you exercised regularly within the last 3 months?
☐ Yes• ☐ No Are you age 65 or older and not accustomed to vigorous exercise?

Please check the following symptoms or history which apply to you—**Heart/lungs**

- ☐ chest pains•
☐ shortness of breath•
☐ palpitations

Vascular

- ☐ leg cramps
☐ varicose veins
☐ poor healing

Bones & joints

- ☐ stiffness
☐ swelling
☐ pain/tenderness
☐ pain upon movement•
☐ limited movement

Nerves

- ☐ seizures•
☐ tremors
☐ fainting/blackouts•
☐ dizziness/vertigo
☐ localized numbness

Other

- ☐ cancer• ☐ diabetes ☐ high blood pressure•
☐ coronary disease• ☐ stroke• ☐ high cholesterol
☐ arthritis
☐ Other: _____

If you checked any items marked (•) above, please briefly explain: _____**Readiness Questionnaire Part II: Physician's Statement and Clearance Waiver**

If you did not check off any of the items marked (•) in Part I, please sign the following statement:

I have not answered yes to any of the items marked (•). I certify I am in good health and have never been advised not to participate in strenuous exercise and have never been diagnosed with any health or physical condition such as heart condition, hypertension or other condition which would render my use of the Bennett Center's fitness center and other programs dangerous to my health.

Signature_____

Date_____

If you checked off any of the items marked (•), you are required to have a Physician's Statement and Clearance (PSC) form completed by your primary care physician prior to beginning activity in the climbing wall. Forms are available at the Control Desk. Please attach it to this form or bring it to the Control Desk at the Bennett Center. If you have not already provided us with a PSC form within the last 30 days, you must provide this form before beginning activity in the climbing wall OR you may sign the following statement:

Although I have answered YES to one or more of the items marked (•) in the Readiness Questionnaire, I have decided to forgo the Bennett Center's requirement to be provided with a Physician's Statement and Clearance (PSC) form from my primary care physician and I am aware of the risks associated with my activity.

Parent's/Legal Guardian's Signature_____ Date_____

