Cambridge Youth Programs
Teen Program Application Form

Youth Information
Ages 14-19
(Please Print Clearly)

_____ _____ _____ _____
Last Name First Name Date of Birth Age

_____ _____ _____
Home Address City, State, Zip Code Home Telephone Number

_____@_____._____ _____
E-mail Address Cell Phone Number

Racial/Ethnic Background:

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic/Latino ☐ White ☐ Other: _____

Gender: ☐ Male ☐ Female Primary Language Spoken at Home: _____

Teen Program Dates

Monday, September 12, 2011 – Friday, August 17, 2012

The registration fee for the Teen Program is $10.00 for the year.
Please make check or money order payable to "Cambridge Youth Programs."

Parent/Guardian Information

_____	_____
Mother/Guardian Name	Father/Guardian Name
_____	_____
Home Address	Home Address
_____	_____
Home Telephone Number	Home Telephone Number
_____	_____
Cell Phone Number	Cell Phone Number
_____@_____._____ _	_____@_____._____
E-Mail Address	E-Mail Address
_____	_____
Place of Employment	Place of Employment
_____	_____
Work Telephone #	Work Telephone #

School Information

Name of School: _____ Grade: _____

Youth Center Information (please check the Youth Center(s) you will *primarily* attend)

- ❑ Area IV Youth Center, 243 Harvard Street, 617-349-6262
- ❑ Frisoli Youth Center, 61 Willow Street,617-349-6312
- ❑ Gately Youth Center, 70R Rindge Avenue (Rear), 617-349-6277
- ❑ Russell Youth Center, 680 Huron Ave, 617-349-6314
- ❑ Willis D. Moore Youth Center, 12 Gilmore Street, 617-349-6273

(Application continues on other side)

To be completed by a parent/guardian

In order for us to best serve your child, we are requesting your authorization to gather additional information regarding your child's specific needs. This information is essential for us to offer the best experience to your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child.

Information Release

(IEP, 504 Plan, Behavior Plan)

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so.

I hereby authorize the DHSP to observe my child in his/her school day classroom/program and to discuss my child's educational, physical, medical, psychological and/or other needs with his /her teachers, specialists, therapists, medical providers and other caregivers. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time programs.

_____ _____

Parent/Guardian Signature Date

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Youth's Doctor or Source of Health Care:

_____ Phone: _____

Name and Address

Youth's Allergies: _____**Symptoms:**_____

Chronic Health Conditions: _____

Health Insurance Company: _____ **Policy #:** _____

Emergency Contacts (in order to be contacted if guardians are unable to be reached):

1. Name: _____ address: _____

   Relationship to youth: _____ phone: _____

   Do you give permission for your child to be released to this person? _____ yes _____ no

2. Name: _____ address: _____

   Relationship to child: _____ phone: _____

   Do you give permission for your child to be released to this person? _____ yes _____ no

3. Name: _____ address: _____

   Relationship to child: _____ phone: _____

   Do you give permission for your child to be released to this person? _____ yes _____ no

Media Release

I _____ do _____ do not give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic and video reproductions of my child for publicity purposes.

I hereby give my child permission to participate in all Youth Center programs, activities and trips. I understand that the activities will include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to adolescents.

_____ _____

Parent/Guardian Signature Date

Note: If the youth is eighteen years old or older, he/she may complete and sign his/her own registration form.