



2025 Youth Program Staff

(Under 18)

A copy of this publication is available in alternative format upon request.

PERMISSION AND CERTIFICATION

I, the undersigned, hereby give my permission for my son/daughter to participate in all the activities of the _____(insert program name) Program at UMass Boston from the date of his/her acceptance throughout his/her involvement with the program.

We (youth and I) agree to support the administrative rules of the _____(insert program name) Program, the below referenced UMass Boston policies and guidelines, and to cooperate with the staff to our fullest extent.

Further, by signing below, I attest to the fact that all of the information provided by me or any other person on this application is true and complete to the best of my knowledge.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Parent/Guardian	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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- Health History Packet

POLICIES AND GUIDELINES

PERMISSION TO PARTICIPATE When you signed your child’s medical form, you gave permission for your child to participate in all program activities. If you wish for your child to be restricted from any activity, please notify us in writing prior to your child’s program session. **Please note that it is not our policy to force any child to participate in an activity.** We do our best to make the activity enjoyable so your child will wish to participate.

MEDICAL CONCERNS All program participants under the age of 18 are required to have a completed packet including UMass Boston’s health history, immunizations, consent to treat minor patient, and authorization to administer medication forms on file before the program begins. Please be sure that you complete these forms and that your child’s healthcare provider has signed that a physical examination has been conducted within the last 18 months. Please provide us with as much information as possible concerning your child’s medical history, allergies, medications, and any special needs. All medical forms must include an up-to-date immunization record and must be signed by a healthcare provider.

MEDICATION Every effort should be made to administer routine medications at home to prevent disruption in your child’s daily program activities. However, if your healthcare provider believes that it is in the best medical interest of your child to administer them during the program’s hours, please submit the completed **Authorization to Administer Medication** form. A separate form must be completed for each medication. State law does not permit administration of medication during the program hours without written authority by the prescribing healthcare provider. Youth program staff who are under the age of 18 are at no time allowed to carry any kind of medication, be administered medication without official written directive from the prescribing healthcare provider or take medication without direct youth program supervision.

SAFETY PROCEDURES Whenever possible, we bring outdoor activities into air-conditioned facilities, or to cool, shaded areas. Our first concern is for your child’s safety; therefore, we reserve the right to take the following actions in very hot weather: reduce physical activities, substitute outdoor activities for sedentary activities, and provide activities unrelated to your child’s specialty (e.g., movies).

MEDICAL NOTIFICATION It is our policy to notify you if your child becomes ill during the youth program or suffers an injury other than minor bumps, bruises or scrapes.

VALUABLES We recommend that program staff not bring large sums of money or other valuables to UMass Boston. The University is not responsible for lost or stolen personal items.

SUNSCREEN The use of sunscreen is highly recommended by University Health Services. It is best to apply sunscreen to your child before he or she leaves home in the morning. You may wish to send along additional sunscreen to be applied later in the day.

INAPPROPRIATE BEHAVIOR UMass Boston reserves the right to dismiss any participant who acts in an inappropriate or detrimental manner including bullying, harassing, intimidating, or threatening to other individuals.

Signature of Parent/Guardian

Printed Name

Date

PERSONAL, FAMILY, AND EMERGENCY CONTACT INFORMATION

Name of youth (first & last): _____

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Youth's Cell Phone # (if applicable): _____

Youth's Date of Birth: _____ Youth's Gender: male _____ female _____

Name of School: _____ Youth's Grade: _____

Language Spoken at Home: _____ Hair Color: _____

Eye Color: _____ Height: _____

Weight: _____ Can the youth swim? Yes _____ No _____

Parent/Guardian Name (first & last): _____

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Emergency Contact #1 Check here if same as parent/guardian: _____

Name (first & last): _____

Street Address	Apt. #
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City	State	Zip Code
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Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Relationship to Youth: _____

Emergency Contact #2

Name (first & last): _____

Street Address	Apt. #
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City	State	Zip Code
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Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Relationship to Youth: _____

<hr/> Signature of Parent/Guardian	<hr/> Printed Name	<hr/> Date
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RELEASE FORMS

PLEASE READ THE FOLLOWING RELEASES CAREFULLY AND PROVIDE A SIGNATURE FOR EACH SECTION BELOW.

GENERAL RELEASE

I, _____ (parent/guardian) as parent or legal guardian of _____ (youth's name), in consideration of my child being allowed to participate in the _____ (insert program name) Program, on behalf of my child, myself, my family, my heirs, representatives, assigns, executors or administrators, I hereby release and agree to hold UMass Boston, its trustees, directors, officers, employees, servants, representatives, agent licensees, successors and assigns, harmless from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of or in any way from the _____ (insert program name) Program and my child's participation therein.

Signature of Parent/Guardian

Printed Name

Date

RELEASE TO PARTICIPATE IN PROGRAM ACTIVITIES

I hereby give permission for my son/daughter to participate in all activities, including field trips in the youth programs including transportation to and from UMass Boston including program related activities from the date of his/her acceptance throughout his/her involvement with the program, and I hereby certify that the statements on this form are true to the best of my knowledge and belief. We further agree to support the administrative rules of the program and to cooperate with the staff to our fullest extent.

Signature of Parent/Guardian

Printed Name

Date

MEDIA RELEASE

Beginning as of the date of execution of this release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures") and/or audio recordings ("Recordings") may be taken of my child, individually or with others, by or on behalf of UMass Boston in connection with this youth program, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to UMass Boston and that such rights are freely assignable by UMass Boston. I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings, and website postings may be used, reproduced or otherwise disseminated or published by or on behalf of UMass Boston directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that UMass Boston desires. For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge UMass Boston, its trustees, directors, officers, employees, servants, representatives, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings.

Signature of Parent/Guardian

Printed Name

Date