



UMass Boston

Youth Program Application

2025

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

APPLICATION INSTRUCTIONS

Participant's Name: _____

Parent/Guardian Name (print): _____

Program Name: _____ Date Submitted: _____

If you are applying to a youth program at the University of Massachusetts Boston, please complete and mail the completed application packet to the address below:

_____ (Program Name)

University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125

Failure to complete all forms in the application may result in your child not being accepted into the youth program.

- Policies and Guidelines – Pg. 3
- Personal, Family, and Emergency Contact Information – Pgs. 5-6
- Release Forms – Pg.7
- Health History Packet

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 (participant 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.

_____	_____
Signature of Parent/Guardian	Date

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 participants are required to have a completed application packet including UMass Boston’s health history, immunizations, consent to treat minor patients, 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 24 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. ***If these forms are not received at least 3 weeks prior to the program start date your child may not be allowed to start the program.***

MEDICATION Every effort should be made to administer routine medications at home in order 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 participants 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.

WEATHER ADJUSTMENTS 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 participants 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.

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Signature of Parent/Guardian	Date

PERSONAL SAFETY POLICY

University Health Services reserves the right to limit or restrict a participant’s ability to carry any item, or wear clothing, deemed to pose a safety risk to the individual and/or others while participating in the program. This includes, but is not limited to, weapons (whether real or fake), explosives, sharp objects (including medical devices), inappropriate clothing or clothing with graphics deemed to be offensive. If the participant or his/her parent or guardian refuses to abide by this policy the participant may be restricted from participation until the issue is resolved to the satisfaction of the University Health Services RN or representative. I agree to abide by the policy as stated above.

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Signature of Parent/Guardian	Date

PERSONAL, FAMILY, AND EMERGENCY CONTACT INFORMATION

Name of Participant (first & last): _____

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

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

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

Name of School: _____ Participant's Grade: _____

Language Spoken at Home: _____ Hair Color: _____

Eye Color: _____ Height: _____

Weight: _____ Can the participant 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 above.

Name (first & last): _____

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Relationship to Participant: _____

Emergency Contact #2

Name (first & last): _____

Street Address **Apt. #**

City **State** **Zip Code**

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Relationship to Participant: _____

_____ Signature of Parent/Guardian	_____ Date
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HEALTH INSURANCE INFORMATION

Please include a copy of your child's health insurance card. If you cannot provide the requested health insurance card; please provide the following insurance information:

Insurance Carrier Policy Number

Cardholder's Name

RELEASE FORMS

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

GENERAL RELEASE

I, _____, (print) as parent or legal guardian of _____ (participant'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

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

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

Date