

# Needham Youth & Family Services Registration Form

Return/mail to our office, 1471 Highland Avenue, Needham, MA 02492 or email to [needhamyouth@needhamma.gov](mailto:needhamyouth@needhamma.gov)

**PARTICIPANT INFORMATION (REQUIRED)**

|                     |                 |
|---------------------|-----------------|
| Participant's Name: | DOB:            |
| Address:            | Zip Code:       |
| Home Phone:         | Cell Phone:     |
| Email Address:      | Grade & School: |

**PARENT/GUARDIAN INFORMATION (REQUIRED FOR MINORS)**

|                |             |
|----------------|-------------|
| Name:          | Cell Phone: |
| Email Address: |             |

**EMERGENCY INFORMATION (REQUIRED)**

|            |               |                     |
|------------|---------------|---------------------|
| Name:      | Relationship: | Phone:              |
| Name:      | Relationship: | Phone:              |
| Allergies: |               | Medical Conditions: |

**PROGRAM INFORMATION (REQUIRED)**

| Program Name                         | Session | Fee |
|--------------------------------------|---------|-----|
|                                      |         |     |
|                                      |         |     |
| Donations to Youth & Family Services |         | \$  |

|  |    |
|--|----|
| Total Amount :   | \$ |
| Make Checks payable to "Town of Needham — Youth & Family Services" |    |

**AUTHORIZATION OF PARTICIPATION (REQUIRED)**

I, the undersigned parent/guardian of \_\_\_\_\_, give permission for my child to participate in a Needham Youth Services' program. In the event of medical emergency, I authorize the staff to seek medical attention as required. Further, I shall indemnify and hold harmless and hereby release, remise, and forever discharge the Town of Needham from any and all liability, suits, losses, cause of actions, damage arising or occurring out of participation in the abovementioned program and/or arising or occurring out of any said medical attention.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATION TO PHOTOGRAPH/VIDEOTAPE (OPTIONAL)**

I, \_\_\_\_\_, do hereby give permission to the Needham Youth Services to photograph/videotape me and/or my children as participants in a Needham Youth Services program. I understand that I will not receive any compensation or have any rights to these photographs/videos and I release the Town of Needham from any liability for their use. I understand that these photographs or videotape may be used in one or all of the following ways:

- As part of the Needham Youth Services' website or social media site (e.g. Facebook).
- As part of an application/submission to potential funding sources.
- As part of an article in print media (Needham Times, Hometown Weekly, Boston Globe, Needham Patch, etc.).
- As a video segment on The Needham Channel which may also be posted on their website and/or YouTube.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_