



Our mission is to inspire and challenge youth with physical and mental activities that foster life-long respect for self, others, and the environment.

Participant Information:

First Name: _____		Last Name: _____				
Address: _____		City: _____	State: ____ Zip: ____			
Date of Birth (mm/dd/yyyy): _____		Gender: _____				
School: _____		Grade: _____				
Type of School:	Public	Charter	Parochial	Private	METCO	Other
Child Lives with:	both parents	mother only	father only	Aunt/Uncle	Sister/Brother	
Grandparent	Guardian	Foster Parent	Step-Parent	Other: _____		

Parent/Guardian Information:

Name: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Ext: _____
Relationship to Child: _____
Occupation/Employer: _____
Email: _____

Name: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Ext: _____
Relationship to Child: _____
Occupation/Employer: _____
Email: _____

Emergency Contact Information: (Two people who can be contacted if you cannot be reached.)

Name: _____
Relationship to Child: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Ext: _____
Email: _____

Name: _____
Relationship to Child: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Ext: _____
Email: _____

Medical Information: **If not filled out in entirety, youth will not be able to participate.**

Health Insurance Company: _____

Name of Policy Holder: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number: _____

Please Check all that apply:

Allergies—Food: _____

Allergies—Medicine: _____

Physical Restrictions: _____

Asthma: _____

Medications: _____

Mental Health Concerns: _____

Other Concerns (Please be specific): _____

I have disclosed all important medical information (initial) _____

Demographic Information:

Neighborhood

- Allston/Brighton
- Charlestown
- Chinatown/Downtown
- East Boston
- Hyde Park
- Jamaica Plain
- Mattapan
- Dorchester
- North End
- Roslindale
- Roxbury
- South Boston
- South End/Back Bay
- West Roxbury
- Other: _____

Ethnicity

- Caucasian (Non-Latino)
- African American (Non-Latino)
- Hispanic
- Amer. Indian
- Asian
- Haitian
- Cape Verdean
- Hawaiian/Pacific Islander
- Mixed: _____

Participant Characteristics:

- TAFDC Recipient
- Veteran Status
- Disabled
- Refugee/Entrant
- Female-Headed Household
- BHA Resident

Housing Characteristics:

- Public Housing
- Own Rent
- Shelter Foster Home
- Other: _____

Annual Household Income:

- \$0 - \$20,000
- \$20,000 - \$38,000
- \$38,000 - \$50,000
- \$50,000 - \$65,000
- \$65,000+

Number of dependents living in your household: _____



Please read the following statement carefully and sign at the bottom.

I hereby authorize my son/daughter to participate in the Youth Enrichment Services. In giving this authorization, I agree that I will not bring suit against Youth Enrichment Services including any of its officers, employees, agents in the ski area (winter only), or the sponsoring agency for property damage or personal injury incurred by myself or my son's/daughter's participation in Youth Enrichment Services programs including, skiing, snowboarding, snowshoeing, hiking, rock climbing, sailing, mountain biking, kayaking, canoeing, swimming, and overnight camping.

In the event of sudden serious injury or illness to my son/daughter while he/she is participating in Youth Enrichment Services, I express my consent for the administration of emergency medical care, including anesthesia, if such action is desirable in the opinion of the attending medical personnel or ski patrol. I shall be responsible for all medical fees and other charges. I understand that the leaders will make a responsible effort to contact me, should a sudden injury or illness occur.

I authorize Youth Enrichment Services to take photos and video recordings of my son/daughter while he/she is a participant in Youth Enrichment Services. I also authorize Youth Enrichment Services to use and copyright photos and video recordings of my son/daughter in all manner and media, including printed and digital mediums. These uses include, but are not limited to, media stories, newsletters, brochures, videos, websites, social media sites (e.g. Facebook), and other advertising and promotional vehicles. I waive any right that I or the minor may have to inspect or approve such photos and recordings, including the finished product or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I hereby release Youth Enrichment Services and its designee from any claims that I, or my son/daughter, have or may have relating to the photos, recordings, and related materials referred to above.

In signing this permission slip, I certify that my child is covered by health and accident insurance or Medicaid and that I am obligated to provide Youth Enrichment Services with the name and the carrier and policy number. I understand that I shall be responsible for all medical fees and related charges whether I am insured or uninsured.

Completion of this registration form implies the applicant's commitment to the following non-negotiable program guidelines:

1. Possession and/or consumption of alcohol or illegal drugs are prohibited and no weapons allowed.
2. All participants are expected to participate in all aspects of the day.
3. No stealing or shoplifting. Violators will be prosecuted.

This application is factual and complete to the best of my ability. I understand that participation is contingent upon acknowledging receipt of YES's Family Handbook and a commitment to attend an orientation session prior to participation.

All information collected in this form is **confidential** and will only be seen by specifically-designated **adult staff**. This information is essential for YES's funding purposes and to assist in better serving your child. If you have any concerns about handling of this information, please speak to the appropriate YES Staff.

Signature of Parent/Guardian

Date

Signature of YES Participant

Date

- 1) How did you find out about YES? _____
- 2) Have you participated in YES previously? _____
- 3) If so, for how long and in what programs? _____



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date