MGH Revere Youth Zone!

MGH Revere Youth Zone
300 Broadway 2nd Floor
Revere, MA 02151

Hours: 2:30-6:00
Monday-Friday

Members must be between ages 9-17
Membership is FREE!

- Homework Help
- Cooking Classes
- Fitness
- Arts and Crafts
- Games and Recreation
- Field Trips
- Volunteering
- Vacation Camps!
- And more!

Contact:
Michael Lenson, Program Manager
**Member Information**

<table>
<thead>
<tr>
<th>First Name: __________________________</th>
<th>Last Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth: ______________</td>
<td>Age: ________</td>
</tr>
<tr>
<td>Home Address: __________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Gender(Pronouns):__________________</td>
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</tbody>
</table>

**Parent/Guardian #1**

<table>
<thead>
<tr>
<th>First Name: __________________________</th>
<th>Last Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address same as child’s?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>If no, please list: _____________________________</td>
<td></td>
</tr>
<tr>
<td>Home phone: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Work phone: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Cell phone: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Email: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Employer: ____________________________</td>
<td></td>
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</tbody>
</table>

**Parent/Guardian #2**

<table>
<thead>
<tr>
<th>First Name: __________________________</th>
<th>Last Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address same as child’s?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>If no, please list: _____________________________</td>
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</tr>
<tr>
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<td>Employer: ____________________________</td>
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</tbody>
</table>

**Emergency Contacts**

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child: __________</td>
<td>Relationship to child: __________</td>
</tr>
<tr>
<td>Primary Phone: __________________</td>
<td>Primary Phone: __________________</td>
</tr>
<tr>
<td>Secondary Phone: _______________</td>
<td>Secondary Phone: _______________</td>
</tr>
</tbody>
</table>

**Pick Up/ Drop Off**

My child is allowed to arrive and depart from the Youth Zone on their own: Yes □ No □

If No, my child has permission to arrive/ depart with:

- Parent/Guardian #1 □
- Parent/Guardian #2 □
- Emergency Contacts □
- Other □

Other: (1) Name : ___________________ Relationship to child: ________ Primary Phone: ______________
(2) Name : ___________________ Relationship to child: ________ Primary Phone: ______________

Please list anyone who is NOT allowed to pick up or drop off your child: _____________________________

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**This document as well as an updated physical and immunization record is necessary to attend the program. All documents can be faxed to 781-284-0066**
## General Health History

My child has allergies:  
- Yes [ ]  
- No [ ]  
If Yes, please list allergies and symptoms:  
______________________________

My child requires special food needs:  
- Yes [ ]  
- No [ ]  
If Yes, please describe:  
______________________________

My child can engage in physical activity:  
- Yes [ ]  
- No [ ]  
If No, please describe:  
________________________________

I certify that my child’s immunizations are up to date:  

- Physical Received:  Yes [ ]  
- No [ ]  
- Immunization History Received:  Yes [ ]  
- No [ ]

## Medical Information

Please list any medical conditions your child has:  
______________________________________________________

Please list any medications your child is taking:  
________________________________________________________

My child’s medication is self-administered:  
- Yes [ ]  
- No [ ]  
- My child’s requires supervision to administer:  
- Yes [ ]  
- No [ ]

Child’s Pediatrician:  _____________________  Located at:  _____________________  Telephone:  _____________________

Child’s insurance provider:  _____________________  Policy Number:  _____________________

In the event of an emergency, my child should be transported to the following hospital:  
______________________________________________________

## Authorizations

**Audio/Video/Photo & Social Media:** I agree to allow my child to be photographed, videotaped, and/or audio taped within the community and at the Youth Zone in the interest of promoting the MGH Revere Youth Zone and for the purpose of fundraising for our organization. I also agree to allow my child to be published on our social media websites:

- Yes, I give authorization [ ]  
- No, I do not give authorization [ ]

**Cooking:** I agree to allow my child to engage and participate in the MGH Revere Youth Zone Cooking Club under supervision of staff and with other members:

- Yes, I give authorization [ ]  
- No, I do not give authorization [ ]

**Swimming/boating/water activities:** I agree to allow my child to engage in any swimming/boating/water activity supported by Youth Zone:

- Yes, I give authorization [ ]  
- No, I do not give authorization [ ]

**Entertainment Activities:** I agree to allow my child to participate in the viewing of PG-Rated Movies as well as to participate in E-10+ Rated Video Games under Youth Zone staff supervision:

- Yes, I give authorization [ ]  
- No, I do not give authorization [ ]

**Sunblock and Hand Sanitizer:** I agree to allow my child to apply and use sunblock and hand sanitizer during any activity where it is deemed necessary by staff:

- Yes, I give authorization [ ]  
- No, I do not give authorization [ ]

## Member Agreement

As an MGH Revere Youth Zone Member, I agree to:

- Respect others at all times
- Respect Youth Zone property at all times by contributing to a clean and safe environment
- Offer my help when needed
- Listen carefully to the staff when they are speaking
- Abstain from any profanity or vulgar forms of speech
- In no way, shape, or form bully, tease, or gang up on any other members
- Abstain from any physical confrontation or threats to become physically violent, including kicking, hitting, punching, etc.
- Abstain from bringing and illegal and inappropriate items to the Youth Zone including weapons, drugs, alcohol, or paraphernalia
- Understanding that in the event of a lost or stolen item, the Youth Zone is not responsible

Parent/guardian signature:  _____________________  Date:  ________________

Child signature:  _____________________  Date:  ________________

I understand that if I violate the member agreement, my parent/guardian will be contacted and that suspension or termination from the Youth Zone may occur.