

THE MORRIS MEMORIAL CONTRACT – 2019/2020

The Morris Memorial's after school program is offered for free to all participants in the Chatham School District. We are able to provide this service in large through contributions from local businesses and individual donations. If you are able to help contribute toward the Morris Memorial's valuable youth programming, we would appreciate your help.

Donations can be made payable to:

Morris Memorial Association
P.O. Box 184
Chatham, NY 12037

Or - Dropped off in person to Michael West, the Morris Memorial's Executive Director – at the Morris Memorial (21 Park Row), weekdays after school between 2:30pm and 6:00pm.

Name (youth) 1) _____ DOB _____
2) _____ DOB _____
3) _____ DOB _____

Grade(s) _____ Age(s) _____

Allergies/ Health Issues staff should be aware of:

Name (parent(s) / legal guardian(s))

Mailing Address _____ E-mail Address _____

Town _____ Zip Code _____

Phone _____ Grade _____ Age _____

In case of emergency
contact: _____ Phone# _____

The Morris Memorial will be CLOSED when school is closed OR when after school activities are cancels due to inclement weather

The Morris Memorial is my Youth Center. The Morris runs a free after school program that is supported financially by individuals and businesses in the community. It is a privilege to attend the Morris and I agree to the following:

1. I will not engage in any behavior **in or on the grounds** of the Morris Memorial that will negatively impact the reputation of the Morris. This includes fighting, using **profane language** and acting in any way that could endanger the safety of others.
2. I agree to be **respectful** of all other people using the building, and of neighbors and passers-by.
3. I will help keep the building and grounds neat and clean. I will throw my food wrappers/drink containers in the trash/ recycling. I will not abuse or misuse equipment and I will return equipment to its proper place when finished using it.
4. **I will obey and respect the Morris staff. I understand that failure to abide by the rules and or disrespectfulness towards Morris staff can result in my permanent suspension from the Morris.**

My signature below verifies that I have read this contract carefully and understand it. I also understand that any violation of these conditions may result in my suspension from the Morris Memorial.

Youth's Signature _____

Date: _____

PARENT/GUARDIAN ACKNOWLEDGMENT:

I have read and agree to support this contract with my child.

Parent or Guardian's Signature _____

*Date: _____ My Child is allowed leave the Morris grounds to walk with friends into town/ friends houses: Yes ___ No ___ Comment on special requirements:

Youth(s)

Names _____

Permission, Release of Liability and Medical Treatment Authorization

I, the undersigned, give permission for the above named youth to participate in all activities of the Morris Memorial. I acknowledge in signing this form that I am familiar with this program and acknowledge that I am unaware of any injury, illness, or condition, which would prevent the above-named youth from participating in this program. If there is any condition or problem, which I believe the Morris Memorial Association should be aware of, I have attached an additional sheet to this form to describe the condition. In the event the above-named youth is involved in an accident, or becomes ill and I am not present, I authorize the Morris Memorial Association, and its agents, and/or volunteers to obtain emergency medical care as deemed necessary by them to provide for the individual safety and well being of my child. **I understand that individual Health and Accident Insurance covering the above named youth is my responsibility.**

Furthermore, I waive and release all officers, agents and volunteers of the Morris Memorial Association from all claims and liabilities arising out of the above named youth's participation in Morris Memorial activities, even though that liability may arise out of the negligence or carelessness on part of the persons and parties named in this Release.

Parent or Guardian Signature _____

Date _____

Photo Waiver

Photo/Video/Newspaper Release:

I hereby give permission for my child(ren)'s image and name to be used in press releases associated with the Morris Memorial Association and its after school program. It is agreed that this permission may be cancelled at any time with written notice

Parent/ Guardian Signature: _____

Child's Name(s): _____

Morris Website/ Facebook Page Release:

I hereby give permission for my child(ren)'s image and name to be used on the Morris Memorial's website and/or Facebook page for news and events associated with the Morris Memorial's after school program. It is agreed that this permission may be cancelled at any time with written notice.

Parent/ Guardian Signature: _____

Child's Name(s): _____