

The Morris Memorial Contract

The Morris Memorial's After School Program is offered for free to all participants in the Chatham School District.

The Importance of Contributions

We are able to provide this service in large part through contributions from local businesses and individual donors. If you are able to help contribute toward the Morris Memorial's valuable youth programming, it will be greatly appreciated.

Today's Date

Donations can be made

- payable to Morris Memorial Association, PO Box 184, Chatham, NY 12037
- or dropped off in person to Michael West, Executive Director at the Morris Memorial (17 Park Row) weekdays after school between 2:30pm and 6:00pm.

Child/Children

1) Name _____ DOB _____ Age _____ Grade _____
2) Name _____ DOB _____ Age _____ Grade _____
3) Name _____ DOB _____ Age _____ Grade _____

Allergies/health issues staff should be aware of:

Parent(s) or Legal Guardian(s)

Name(s) _____

Mailing Address (Street/Town) _____

Home Phone _____ Cell Phone _____

E-mail _____ Emergency Contact Phone _____

- * The Morris Memorial will be CLOSED when school is closed
OR when after school activities are canceled due to inclement weather.

My child is allowed to leave the Morris grounds to walk with friends into town/ friends' houses:

Yes No

Comment on special requirements: *(Ex. Confirmation phone call with Morris staff on a case by case basis.)*

Participant Behavior Contract

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

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's 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 canceled at any time with written notice.

Parent or Guardian's Signature

Child's Name(s)

Morris Website/Social Media Release

I hereby give permission for my child(ren)'s image and name to be used on the Morris Memorial's website and/or social media for news and events associated with the Morris Memorial's After School Program. It is agreed that this permission may be canceled at any time with written notice.

Parent or Guardian's Signature

Child's Name(s)

COVID-19 Hold Harmless / Screening Agreement

Due to the 2020/2021 outbreak of the novel coronavirus (COVID-19), the Morris Memorial Association (MMA) is taking extra precautions with the care of every person utilizing MMA-owned facilities or properties to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

(Child) _____ shall strictly comply with all MMA, County and State established protocols, including but not limited to contact tracing and face mask use.

(Parent or guardian) _____ staff, child, family members and all others participating shall hold the MMA harmless, defend and indemnify MMA for any and all liability for exposure or harm due to COVID-19.

COVID-19 Screening Agreement

If your child –

1. Is currently experiencing, or recently experienced (in the last 48 hours), any new or worsening COVID-19 symptoms,
2. Has had close contact (being within six feet for at least 10 minutes over a 24-hour period) or proximate contact (as determined by health authorities) in the past 10 days with any person confirmed by diagnostic test, or suspected based on symptoms, to have COVID-19,
3. Has tested positive through a diagnostic test for COVID-19 in the past 10 days,

I, _____ (parent or guardian) agree to keep my child from participating in the Morris Memorial's 2021-2022 After School Program until approval to resume participation has been provided by the Morris Memorial's Executive Director, Michael West, in compliance with New York State Department of Health and Columbia County Health Department guidance.

Parent or Guardian's Signature

Date