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.

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1) Name	DOB	Age	Grade
2) Name	DOB	Age	Grade
3) Name	DOB	Age	Grade
Allergies/health issues staff should be awa	are of:		
Parent(s) or Legal Guardia	. ,		
Mailing Address (Street/Town)			
Home Phone			
E-mail			
* The Morris Memorial will be CLOSED when OR when after school activities are cancele My child is allowed to leave the Morris ground Yes No	ed due to inclement		ds' houses:
Comment on special requirements: (Ex. Cor	nfirmation phone call w	vith Morris staff on a c	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.

I also understand that any violation of these condition Memorial.	•
Youth's Signature	Date
Parent/Guardian A	9
Parent or Guardian's Signature	

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 abovenamed 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 Lam not present. Lauthorize the Morris Memorial Association, and its agents

and/or volunteers to obtain emergency medical care as deemed the individual safety and well-being of my child. I understand tha Insurance covering the above named youth is my responsibility. I all officers, agents and volunteers of the Morris Memorial Associatising out of the above named youth's participation in Morris Meliability may arise out of the negligence or carelessness on part of this Release.	necessary by them to provide for t individual Health and Accident Furthermore, I waive and release ation from all claims and liabilities emorial activities, even though that
Parent or Guardian's Signature	Date
Photo Waiver: Photo/Video/New	spaper Release
I hereby give permission for my child(ren)'s image and name to b with the Morris Memorial Association and its After School Programay 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)	