

Teen Center membership is free to all children who are in grades 5-12. There will be separate days for 5th/6th grade, 7th/8th grade and 9th-12th grade. Teens **MUST** be members to use the center during select scheduled times and to participate in all teen center events. Community Center membership is not required; however, even if the teen is a community center member, this form must be filled out for **FREE** teen center membership. You must show your teen center swipe card when coming into the community center. For more information please call 860-429-3015.

Please print clearly and complete all sections. Thank you.

MAIL TO: Mansfield Parks & Recreation Department
10 South Eagleville Road, Storrs/Mansfield CT 06268 **OR** FAX: (860) 429-9773

Teen Center Membership Information

| Participant's Last Name | Participant's first name | Participant's Email address | Birth Date | Sex | Fee |
|-------------------------|--------------------------|-----------------------------|------------|-----|-------------|
| | | | | | FREE |

Primary Household Contact/Parent/Guardian | Secondary Contact (include address if different)

| | | | |
|---|-----|----------------|-----|
| Name: | | Name: | |
| Address: | | Address: | |
| Town: | Zip | Town: | Zip |
| Phone: (H) (W) | | Phone: (H) (W) | |
| Household email address (if different from above) | | | |

Local Emergency Contact (Other than parent/guardian, i.e., grandparent, neighbor, etc.)

| | |
|-------|--------|
| Name: | Phone: |
|-------|--------|

Also fill details below for each participant:

| | Grade | School | Physician | Allergies, Special Asst., Meds, Other Info: |
|----|-------|--------|-----------|---|
| 1. | | | | |

Are you a Community Center member? Yes ____ No ____

Health Information (This information is confidential to Teen Center Director and appropriate Parks and Recreation staff).

1. Describe any current health conditions requiring medication, treatment, or special restrictions or considerations while at the teen center.

2. Is the "teen" allergic to Particular foods (please list)? _____

Bee Stings? _____ Insect Bites? _____ Medications (please list)? _____

Poison Ivy? _____ Other (please list) _____

3. Does the "teen" need special assistance or have any physical, sensorial, or developmental limitation(s)? (i.e. ADD, Autism, MR, etc) Yes _____ No _____. **If yes, "Special Assistance" form must be filled out and evaluated before attending teen center activities.** Would you like a special assistance form sent to you: Yes _____ No _____

I hereby agree to release, discharge and hold harmless, the Town of Mansfield, its employees and volunteers from any liabilities, which may occur while participating in the above recreational activities. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Mansfield does not provide insurance for program participants. **PHOTO RELEASE:** The Mansfield Parks & Recreation Department may videotape or take photographs of participants enrolled in recreation activities, classes or programs. These photos and/or videotapes may be used for promotional purposes. To the best of my knowledge, the above information is up to date and accurate.

Parent/Guardian Signature

Date



Town of Mansfield
Parks and Recreation
Department



MANSFIELD
COMMUNITY CENTER
Family, Fitness & Fun!

INFORMED CONSENT

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- o People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in CDC's guidance.¹ Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- o Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

Signature of Staff or Parent/Guardian Printed Name

Child's Name (if a parent/guardian)

Date

¹Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.