



Youth's Name: _____ Date of Birth: _____ Shirt Size: _____

Address: _____ Town: _____ Zip Code: _____

Gender: _____ Age: _____ High School Entering in the Fall: _____

Youth's Pronouns: she/her/hers he/him/his they/them/theirs Other: _____

Guardian #1 Name: _____ Guardian #1 Relationship to Youth: _____

Guardian #1 Phone Number: _____ Guardian #1 Email Address: _____

Guardian #2 Name: _____ Guardian #2 Relationship to Youth: _____

Guardian #2 Phone Number: _____ Guardian #2 Email Address: _____

Please list any medical conditions/allergies that your child has that may impact their participation in this program. Additional medical forms are required for youth to carry and self-administer epi-pens or inhalers (other medications are not permitted to be carried or taken by youth during program).

Demographic Information (Please mark one under each heading)		
<p><u>Race:</u></p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Multiracial</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (_____)</p> <p><u>Ethnicity:</u></p> <p><input type="checkbox"/> Hispanic/Latinx</p> <p><input type="checkbox"/> Not Hispanic/Latinx</p>	<p><u>Family Structure:</u></p> <p><input type="checkbox"/> 2 Birth/Adoptive Parents</p> <p><input type="checkbox"/> Step & Birth Parent</p> <p><input type="checkbox"/> Single Parent (Female)</p> <p><input type="checkbox"/> Single Parent (Male)</p> <p><input type="checkbox"/> Grandparent(s)</p> <p><input type="checkbox"/> Relative/Guardian</p> <p><input type="checkbox"/> Foster Parent</p> <p><input type="checkbox"/> DCF</p> <p><input type="checkbox"/> Joint Custody</p> <p><input type="checkbox"/> Emancipated/On Own</p> <p><input type="checkbox"/> Other (_____)</p>	<p><u>Free/Reduced Lunch:</u></p> <p><input type="checkbox"/> Receives Free/Reduced Lunch</p> <p><input type="checkbox"/> Eligible for Free/Reduced Lunch</p> <p><input type="checkbox"/> Not Eligible</p> <p>Note: We provide certain demographic information from this form to our funding state agency for statistical and research purposes.</p>

I hereby give permission for this child to participate in the GOAL program including transportation by Mansfield Youth Services staff and participation in activities facilitated by both Mansfield Youth Services and contracted staff including (but not limited to) hiking, swimming, canoeing, and challenge ropes course.

Please check box if you do **NOT** give permission for the Towns of Mansfield, Willington, and Ashford to photograph or video during activities. Photos/videos of GOAL participants may be used to help others learn more about Youth Services programs. Please contact us with any questions regarding photo/video usage.

Please check box if your child does **NOT** have permission to participate in anonymous surveys. These surveys are used to provide feedback to staff for program improvements.

Parent/Guardian Signature: _____ **Date:** _____

I hereby agree to release, discharge, and hold harmless the Towns of Mansfield, Willington, and Ashford its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability that may occur during the transportation or participation of my minor child in the GOAL program. I understand that participation in any recreational sport or activity involves risk, and I grant permission to the Towns of Mansfield, Willington, and Ashford to utilize any medical emergency services it deems necessary to treat any injuries that my minor child may incur. I further understand that the towns do not provide insurance for recreational program participants.



Summer 2025



About Us:

GOAL (Great Outdoor Adventure Learning) is an adventure-based learning and positive youth development program for Mansfield, Willington, and Ashford youth preparing to transition into high school. Only youth entering 9th grade are invited to participate in GOAL. Youth participate in a variety of activities including hiking, canoeing, swimming, ropes courses, and games and activities to develop self-confidence, social connectedness, and resilience. Youth will be transported by Mansfield Youth Services staff to places both in and out of town to experience different elements of outdoor adventuring. There is no cost to families for youth to participate in GOAL.

Schedule:

GOAL meets Tuesdays 9:30am – 2pm, starting July 8, 2025 through August 5, 2025. Drop-off and pick-up are at the Teen Center inside the Mansfield Community Center.

What to Bring:

Participants are expected to bring the following each day: lunch (include ice packs, no access to refrigerator), water, sunscreen, one extra outfit, and bug spray. Below is an outline of scheduled activities and recommended attire.

Contact:

Sarah DeLuca, LPC Mansfield Youth Services Supervisor
Desk: 860-429-3319
Cell (for Program Days): 860-234-8832

Meeting Date	Activity	Recommended Gear
July 8, 2025 9:30am—2pm	Introductions/Games/Hike at Lions Memorial Field	Hiking boots/closed toe shoes.
July 15, 2025 9:30am—2pm	Farmington River Kayak/Canoe Trip	Wear closed toe shoes, bring swimsuit, towel, footwear that can get wet. Life jacket provided.
July 22, 2025 9:30am—2pm	Brownstone Adventure Park	Wear closed toe shoes, bring swimsuit, towel, footwear that can get wet. Life jackets will be provided.
July 29, 2025 9:30am—2pm	Mystic Tree Trail Ropes Course	Wear closed toe shoes.
August 5, 2025 9:30am—2pm	Beach or Lake Trip	Swimsuit, towel, change of clothes. Lifeguard(s) on site.

Weather:

GOAL is a rain or shine program so rain gear is encouraged as needed (sunscreen and bug spray is always recommended). Severe weather may alter specific plans for the day but we ask youth to come prepared to be outdoors.

Attendance:

Space is limited to 10 participants, a waitlist may be kept in the event of additional openings. We ask that individuals commit to being available to participate in at least 4 of the 5 scheduled days.

Completed forms can be sent to Mansfield Youth Services by:

- Sending all forms to: ysb@mansfieldct.org
- Mailing or dropping off the completed forms to: Mansfield Youth Services
4 South Eagleville Rd.
Mansfield, CT 06268

Forms are due by: Monday, June 16th, 2025

Safety and Waivers:

Safety on GOAL trips is of utmost importance to staff. If students are exhibiting unsafe behaviors to themselves or others, their parent/guardian will be called to pick them up. Waivers for off-site activities are included with this registration form and must be signed by parents/guardians in order for the youth to attend each trip.

___(Initial) WAIVER OF PARTICIPANT BY PARENT OR SELF: I hereby agree to release, discharge, and hold harmless the towns of Mansfield, Willington, and Ashford ("the towns") its directors, officers, employees, agents, con-tractors, and/or volunteers from any and all liability that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational sport or activity involves risk, and I grant permission to the towns to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the towns do not provide insurance for recreational program participants.

___(Initial) PHOTO RELEASE: I understand that for promotional purposes, the towns may videotape and/or take photographs of participants enrolled in recreational activities, classes or programs. I hereby release and permit the towns to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaging in the above listed recreational activities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Contact:

Sarah DeLuca DelucaS@mansfieldct.org **Office:** (860) 429-3319 **Cell:** (860) 234-8832





Rentals, Sales, Trips, Instructions

170 Main St., P.O. Box 448, New Hartford, CT 06057

Participant Name: _____

In consideration of being allowed to participate in any way in the program related events and activities, I understand, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant including the potential risk of permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES** or others, I assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring attention to the nearest official immediately.
4. I, for myself and on behalf of heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Mainstream Canoes & Kayaks, LLC**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASES), from and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY, OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELYVOLUNTARILTY WITHOUT INDUCEMENT.

X: _____ Age _____ Date _____
Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN OF ARISING FROM NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X: _____ Age _____ Date _____
Participant's Signature

There is a 30 dollar minimum charge for rescues

Tree Trails Adventures Waiver



Brownstone Park Waiver



Permission to Transport

I, _____, give permission for my child, _____
Parent/Guardian Name Child's name

to be transported by Mansfield Youth Services staff on _____
Date(s)

in a vehicle owned by the Town of Mansfield. My child understands that they will be expected to follow directions from staff to ensure safety and respect for all parties inside and outside of the vehicle including wearing a seatbelt at all times while the vehicle is on.

Additionally (check any/all that apply):

- My child is at least 8 years old **AND** over 60 pounds, and does not require the use of a booster seat.
- My child is at least 13 years old and has permission to sit in the front seat of a vehicle.

Signature of Parent/Guardian

Date