

**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



# Mansfield Mustangs 2025

## About Us:

Mansfield Mustangs is a fun and rewarding service learning program focused on nature, animals, and supporting sustainability. This program is free and available to Mansfield residents. We are offering two groups for Mustangs this year. One group for Middle School youth entering grades 5-8 and one group for High School youth entering grades 9-12.

Participants volunteer with local organizations doing maintenance, community service and small tasks. Worksite include: Tara Farm Rescue, Spring Valley Student Farm, Our Companions Animal Rescue, Horizon Wings, and more! We work some, play some, and definitely learn some.

## Our Schedule:

**We will now be running Mustangs in two separate sessions to accommodate a Middle School Session and a High School Session. Individual session schedules with worksites will be sent out after registration.**

**Mondays and Wednesdays from 9:30 am-1:00 pm**

Middle School Sessions	High School Sessions
July 7, 2025	July 9, 2025
July 14, 2025	July 16, 2025
July 21, 2025	July 23, 2025
July 28, 2025	July 30, 2025
August 4, 2025	August 6, 2025
August 11, 2025	August 13, 2025

Check in is held at the Mansfield Community Center's Teen Center. The group will ride together in the Youth Services Program Van to the day's designated site. Youth are transported back to the Community Center for parent/guardian pick up at 1:00 pm.

## What to Bring:

Each group member will receive a Mustangs t-shirt on our first day of Mustangs. We ask that group members bring a reusable water bottle and a packed lunch to each meeting date. Additional worksite based needs are provided on the final schedule.

In addition, we suggest youth bring the following items with them to each meeting:

- Sunscreen • Closed Toe Shoes • Bug repellent • Sunglasses/hat
- **Inhaler and/or EpiPen (if needed, please complete additional form)**

### **Attendance:**

We ask that participants are able to attend the majority of the meetings in their chosen session. If you predict your child will miss more than 2, you may still register but might be waitlisted.

### **Group Cancellations:**

If bad weather is forecasted, staff will send an email to parents/guardians by 8:15 am on the respective meeting day to let you know if we will be changing the location to an indoor service project or cancelling for the day.

### **How to Sign-up:**

Each youth participant will be asked to have a parent/guardian complete our 2025 Mustangs Registration Form and Epi Pen/Inhaler Authorization Form (if needed).

***\*Additional waivers may need to be completed for individual worksites.\****

Space is limited and the sessions will be filled on a first come, first served basis.

### **Completed forms can be sent to Mansfield Youth Services by:**

- Sending all fillable PDFs to: [ysb@mansfieldct.org](mailto:ysb@mansfieldct.org)
- Mailing the completed forms to: Mansfield Youth Services  
4 South Eagleville Rd.  
Mansfield, CT 06268
- Dropping them off at our Youth Services office, Room 25 at the Mansfield Town Hall

***Forms are due by: Monday, June 9th***

***\*\*Please Note: Registration forms will be processed as they're received. A waitlist will be kept if we receive more forms than available slots.\*\****

**Questions?  
Email us at:  
[ysb@mansfieldct.org](mailto:ysb@mansfieldct.org)**





# Mansfield Mustangs Registration Form

Summer 2025



Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade Entering in Fall 2025: \_\_\_\_\_

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

T-Shirt Size (circle one): ADULT Small Medium Large XL XXL

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: \_\_\_\_\_

Session: \_\_\_ Middle School \_\_\_ High School

Anticipated Days Youth Will Not Attend Group: \_\_\_\_\_

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).

Please list any medical conditions/allergies that your child has that may impact their participation in this program.

*\*\*Please complete Epi pen/Inhaler Authorization form (if needed). \*\**

### Demographic Information (Please mark one under each heading)

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

\_\_\_ I agree to allow Mansfield Youth Services to take photos and /or videos of my child during the Mansfield Mustangs program.

\_\_\_ I agree to allow my child to be transported to the worksites by Youth Services Staff

\_\_\_ I agree to allow my child to participate in anonymous surveys to help Mansfield Mustangs' staff improve the program.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby agree to release, discharge, and hold harmless the Town of Mansfield, 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 Mansfield Mustangs program. I understand that participation in any recreational sport or activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants.

**Authorization for Self-Administration of Epi-pens and Inhalers by Youth  
Mansfield Youth Services**

The Town of Mansfield Youth Services Bureau requires a written authorization from parent(s)/guardian(s) for youth to carry and self-administer epi-pens and inhalers. Completed forms should be returned to the Youth Services Bureau prior to youth's participation in activity.

**Medication Information**

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Medication/Food Allergies  No  Yes \_\_\_\_\_  
Medication Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_  
Condition for which drug is being administered: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route of administration: \_\_\_\_\_  
Frequency/Time of Administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_  
Relevant side effects:  None expected  Specify: \_\_\_\_\_

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**SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

I hereby request that the above medication be carried and self-administered by the designated youth. In the event that the youth is unable to self-administer, I hereby give permission to Youth Services staff to assist in the administration of the above medication.

Parent/Guardian Home/Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian authorization for self-administration  Yes  No \_\_\_\_\_  
Signature Date