



# Essex County Sheriff's Department



## 2022 ESSEX COUNTY SHERIFF'S DEPARTMENT YOUTH LEADERSHIP ACADEMY APPLICATION

The ECSD Youth Leadership Academy is a non-profit educational service designed to provide a structured youth diversion program for at risk adolescents. The Essex County Youth Leadership Academy is funded through a grant from **HIDTA** (High Intensity Drug Trafficking Areas) and by the **Essex County Sheriff's Department**. The Junior Academy serves ages 8-10 and the Senior Academy serves ages 11-14. This well-structured and disciplined program will use a wide variety of game and team-building activities which will help develop teamwork and cooperation. Your child will be challenged both physically and mentally. Please be advised that some of the activities can be physically demanding. Safety is a very high priority for all participants.



**\*\*Before you apply, please make sure your child is able to attend the whole week.**

1. Follow the two-step process online. One application per participant.
2. Complete the application online.
3. Submit for one week only to the City/Town in which you live. List second and third alternate week choices.
4. Print waiver package, **single sided sheets, no back to back.** Mail or drop off. Missing information – application will be listed as incomplete.
5. After the completion of both steps, you will receive, via e-mail, the status of your child. Please **do not call or email** for your child's status.
6. Please take into consideration, there are 34 Cities/Towns in Essex County. We are a diverse Academy. Your child may or may not make the active list. The application received is the one that is considered. Please do not include a list of your child's friends.

**NO WAIVERS WILL BE ACCEPTED BY FAX OR E-MAIL**

**ALL APPLICATIONS MUST BE IN A PROPERLY ADDRESSED ENVELOPE**

Essex County Sheriff's Department  
Attention: 2022 Youth Leadership Academy – Executive Assistant Judy A. Lacroix  
20 Manning Avenue, Middleton, Ma 01949

**\*\*If you do not have access to a computer, or need help in filling out the application, please contact your child's School's Guidance Councilor**

**\*\*Si usted no tiene acceso a una computadora, o si necesita ayuda para llenar la aplicacion, favor de contactar sus hijo/hija consejero escolar.**

**THIS YEAR'S ACADEMY WILL RUN AT 100% CAPACITY. ONCE EACH WEEK HAS BEEN FILLED, AND SPACE BECOMES AVAILABLE, PARTICIPANTS WILL BE CHOSEN FROM THE WAIT LIST.**

**Your child's safety is our utmost importance. Please see page 3 for NEW CDC Covid-19 Safety Guidelines. This is for the benefit of your child, your family and our staff.**

### PROGRAMS AND ACTIVITIES

**NOTE:** The schedule of programs and activities will be available at the YLA on the first day of each week. Programs and activities are subject to change.



## 2022 BUS SCHEDULE AND LOCATIONS

**\*\* Please make sure your child will attend the whole week.**

**PLEASE NOTE:** Please choose the best bus location you have chosen for the whole week. If there must be a change, please notify us as soon as possible. **PLEASE BE ON TIME.** Times are approximate. Please be there for time specified. We have no control over traffic delays. You may also choose to drop your child off at Essex Technical High School, Route 62, Danvers.

**PLEASE NOTE:** Due to the lack of or extremely low ridership, a bus stop may be canceled. You will be notified if you have chosen that specific bus stop.

Week/Date

City/Town

**1 – 06/27 to 07/1 – Middleton – Topsfield – Rowley – Boxford – Ipswich**

8:00 am – Market Basket, 225 Newburyport Turnpike, Rowley (area closest to Route 1)

8:15 am – Ipswich Police Department, 15 Elm Street, Ipswich

Drop participant off at Essex Technical High School, Route 62



**2 – 07/04 to 07/08 – NO ACADEMY DUE TO HOLIDAY WEEK**

**3 – 07/11 to 07/15 - Lawrence – Methuen - Beverly – Hamilton – Wenham**

8:00 am - Central Catholic High School, 300 Hampshire St., Lawrence

8:00 am – Merrimac College, 315 Turnpike Street, North Andover lot near the Chapel

Drop participant off at Essex Technical High School, Route 62, Danvers



**4 – 07/18 to 7/22 – Lynn – Lynnfield - Saugus – Peabody – Salem - Marblehead – Nahant – Swampscott**

8:00 am - Lynn English High School, 50 Goodridge St., Lynn

8:00 am – Market Basket, 227 Highland Avenue, Salem (area near the ATM Machine)

Drop participant off at Essex Technical High School, Route 62, Danvers



**5 – 07/25 to 07/29 – Haverhill – Salisbury – Amesbury – Newburyport – Newbury – West Newbury**

8:00 am - Tilton School, 70 Grove St., Haverhill- parking lot across from school

8:00 am - OCC Center, 80 Elm St. (RTE 110) Salisbury, back end of parking lot

8:15 am – National Guard Armory, Low Street, Newburyport

Drop participant off at Essex Technical High School, Route 62, Danvers



**6– 08/01 to 08/05 – Lawrence – Methuen – Andover – North Andover - Danvers**

8:00 am - Central Catholic High School, 300 Hampshire St., Lawrence

8:00 am – Merrimac College, 315 Turnpike Street, North Andover lot near the Chapel

Drop participant off at Essex Technical High School, Route 62, Danvers

**7 – 08/08 to 08/12 – Haverhill – Merrimac – Groveland – Georgetown**

8:00 am - Tilton School, 70 Grove St., Haverhill- parking lot across from school

8:00 am - Georgetown Middle/High School, 11 Winter Street. Georgetown lower right parking lot outside of the turf field.

Drop participant off at Essex Technical High School, Route 62, Danvers

**8 – 08/15 to 08/19 – Lynn – Salem - Gloucester – Rockport – Essex – Manchester**

8:00 am O'Maley Middle School, 32 Cherry St., Gloucester

8:00 am Lynn English High School, 50 Goodridge St., Lynn

8:00 – Market Basket, 227 Highland Avenue, Salem (area near the ATM Machine)

Drop participant off at Essex Technical High School, Route 62, Danvers



**\*\*REMEMBER TO CHECK THE WEBSITE FOR ANY CHANGES AND UPDATES ON THE BUS SCHEDULE [www.essexsheriffma.org](http://www.essexsheriffma.org)**



## YLA 2022 COVID-19 PROTOCOLS

With regards to Covid-19 and its variants, the Youth Leadership Academy will adhere to all CDC Protocols. These protocols remain fluid and are subject to change.

The wearing of masks will be optional in the classrooms and busses. We do ask that your child have a mask available for any possible requests from our field trip vendors. Your child may wear a mask, at the parent's request, or if he/she is more comfortable. Either a surgical or cloth mask is acceptable.

If a participant becomes sick or symptomatic while at the academy, the parent/guardians will be notified to pick up their child as soon as possible. If a staff member becomes sick or symptomatic while at the academy, parents/guardians will be notified. Staff or participant shall not report to the academy if they are symptomatic. If someone is sent home, they must produce proof of a negative COVID-19 test before they can report back to the academy.

**SUSPECTED CASES OF COVID-19:** Any positive cases of COVID-19 will result in closing-down that group for the rest of the scheduled week. The areas will be thoroughly cleaned and disinfected.

\*\*\*\*\*

### STUDENT PICK-UP / DROP OFF - PLEASE ABIDE BY THESE TIMES

**\*\*An adult must be present with the child at drop off and pick up locations. The adult will need to sign the child in and out.**

Your child must behave on the bus! Horseplay, fighting, foul language and other forms of misconduct are prohibited and may result in dismissal from the academy at the discretion of the department

#### IF TAKING THE BUS

Your child must be at the designated bus stop location on time. In the afternoon, your child will be dropped off at the same location at approximately 2:45 – 3pm. Please allow extra time for multiple bus stops.

**IF DROPPING OFF AT ESSEX TECHNICAL HIGH SCHOOL** Rt. 62, Danvers. The Youth Leadership Academy is located in the new section of Essex Technical High School. Please use the far parking lot entrance, proceed to the gymnasium for drop off and pick up. There will be signs to direct you.

Your child must be dropped off no earlier than 8AM and no later than 8:15AM at the Essex Technical High School, 565 Maple Street (Rt.62) Danvers, MA. See Youth Academy sign for parking. Your child must be checked in by a staff member. Your child must be picked up by 2:45 pm and no later than 3:00 pm from the Essex Technical High School at the same location.

#### **\*\*IF YOUR CHILD IS GOING TO BE ABSENT**

Please leave a message at 978-750-1900 EXT 3312 **no later than 7:00** AM that day.

**FOR EMERGENCY USE ONLY** For emergency calls only. Please call 978-750-1900 ext. 3302. Someone will forward the call or information to the correct person.

E-mail us with your questions at [youthacademy@essexsheriffma.org](mailto:youthacademy@essexsheriffma.org)

Please Print Pages 4 through 14 ALL SINGLE SIDED SHEETS – NO BACK TO BACK – mail or drop off.

<b>For Internal Use Only</b>		Date Received _____	
Active List _____	Wait List _____	Date Confirmed _____	By _____
Allergy _____	Meds _____	Recent Injury _____	Other _____
			Meds _____

**NO MEDICAL ISSUES**

**2022 YOUTH LEADERSHIP ACADEMY APPLICATION  
MUST BE SUBMITTED ONLINE AND THEN MAILED**  
Please print application **ALL SINGLE SIDED SHEETS – NO BACK TO BACK.** PLEASE PRINT  
CLEARLY One application per participant.

A parent/guardian must complete this form for the participant. Attach any additional needed information. **If your participant has any special conditions, needs, or limitations, you must notify us prior to being accepted in the Academy program. Non-disclosure may result in dismissal from the Academy.**

**If mailing more than one application, applications must be clearly separated. All copies of each application should be stapled or clipped together. ALL SINGLE SIDED SHEETS – NO BACK TO BACK**

**NOTE: You must apply for the city in which you reside.** All information must be provided in full. If any information is omitted, your child will be placed on the wait list until all information is provided, this includes any necessary signatures and waivers. If the week for the city/town in which you live is filled, the applicant may be placed on the second or third alternate week choice. **Please read your verification e-mail carefully for the week in which your child is placed.**

**CHECK ✓ ONE OF THE GROUPS**

\_\_\_\_\_ **Junior Group Ages 8–10** \_\_\_\_\_ **Senior Group Ages 11–14**

Attending week of \_\_\_\_\_ To \_\_\_\_\_ Week# \_\_\_\_\_ City/Town \_\_\_\_\_ **in which you live.**

**Second Choice** week # \_\_\_\_\_ Dates \_\_\_\_\_

**Third Choice** week # \_\_\_\_\_ Dates \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Nick Name \_\_\_\_\_  
First MI Last

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Participant is entering grade \_\_\_\_\_  
Month/Day/Year

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent(s)/Guardian(s) Name \_\_\_\_\_

Primary contact number \_\_\_\_\_ Secondary number \_\_\_\_\_ E-mail \_\_\_\_\_

**MY CHILD WILL BE TAKING THE BUS LOCATED AT:**

I will drop my child off at the Essex Technical High School yes \_\_\_ no \_\_\_

**Must choose one t-shirt size**

Child - SM \_\_\_ MED \_\_\_ LG \_\_\_ Adult - SM \_\_\_ MED \_\_\_ LG \_\_\_ XLG \_\_\_ XXLG \_\_\_



Participant's name \_\_\_\_\_ This page REQUIRED.

**Release/Pick-up: All participants must be accompanied by an adult for drop off and pickup**

My participant may be released to the following adults (including carpool drivers or those who may pick up in an emergency) Include the first and last names of each person allowed to pick up your participant.

1. Name \_\_\_\_\_ Relationship: Custodial Parent/Guardian
  2. Name \_\_\_\_\_ Relationship: Second Parent/Guardian
  3. Name \_\_\_\_\_ Relationship: \_\_\_\_\_
- Telephone \_\_\_\_\_ Cell \_\_\_\_\_

The parent/guardian may send a signed note to make changes to this list. People picking up participants must bring a photo ID. If a person is not listed above arrives to pick up a participant, the participant will remain with YA staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the participant may not be released, please inform the YA in writing.

**Medical Waiver and Authorization – This agreement is required for participation**

**Medical Release:** This health history is correct and accurately reflects the known health status of the named participant. The participant described has permission to participate in all YA activities excepts as noted by me and/or an examining physician. I give permission to YA staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the participant if needed. I give permission to the physician selected by the YA to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on the “need to know” basis with Academy staff.

**Medications:** Pursuant to Massachusetts law and ECSD policy, I authorize ECSD’s YA staff to administer as listed Medications at Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child’s name and dosage, and that any prescription medications must include the full pharmacy label.

**Insurance:** I certify that the named participant is covered by health and accident insurance, or Medicaid and the policy information given is correct.

**Off-Site Trips:** I give permission for my participant to participate in and be transported to any off-site trips as scheduled, and this completed form may be photocopied for off-site trips.

**Release/Pick-up:** I understand the release policy as described and authorize YA to release my child to the people/methods listed.

I, the parent/legal guardian of the named participant, have read, understood, and agree to all the above

Signature of custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (print) \_\_\_\_\_

Relationship to Participant (print) \_\_\_\_\_



Participant's name: \_\_\_\_\_ **This page REQUIRED.**

- **Program:** I give permission for my child to participate in all YA program activities similar to those describe in this application. I understand that YA reserves the right to change program activities or instructors, and cancel programs, should YA decide in its sole judgement that it is necessary and appropriate to do so.
- **Expectations/Dismissal:** I have informed the YA Director and any other appropriate staff of any limitations to my child's participation and agree to abide by YA's sole judgment as to whether my child can be accommodated in the YA. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in the child's dismissal from the YA. I understand that my child must follow the stated behavior expectations and safety rules and that YA reserves the right in its sole judgement to dismiss any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.
- **Sun and Bugs:** I understand that outdoor exploration is an integral part of YA and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her to the YA each day. I give permission to YA staff to assist my child in re-applying sunscreen, insect repellent, and topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any ticks that may become attached. I understand that I am responsible to do a complete check upon my child's return home.
- **Please supply your child with a water bottle and lunch every day.** Snacks are also recommended. Backpack or carry bag is recommended. **Please label with your child's name.**
- **No lunch is required on Friday.** There will be a cookout/graduation at 12 noon at Essex Technical High School, 562 Maple Street, Hawthorne, Ma. (**Route 62, Danvers, MA.**) Parent/guardians are encouraged to attend. You may take your child home immediately following the graduation.
- **Sneakers** are mandatory and must be worn at all times. **Flip flops, sandals, half skirts, tank tops, short shorts, or pants below the beltline are prohibited.** Please be advised that failure to comply with the foregoing may lead to your child being prohibited from participating in the day's activities and being sent home. **Please check the weather forecast, dress your child appropriately. Some activities are held outdoors.**
- If a child has his/her cell phone, it must be placed in their backpack/carry bag and turned off. Please be advised that the use of cell phones during the day is prohibited. Failure to adhere to the foregoing may result in the confiscation of the phone, which will be returned at the end of the day.
- No child will bring drugs, alcohol, weapons, fireworks, headphones, Ipods, games, balls (basketballs allowed), skateboards or electronic games to the Academy.
- If your child is placed on the active list and will not be attending, please notify us immediately - **OR** - If your child is going to be **absent on any day**, you must leave a message no later than 7:00 AM that day. If you need to contact your child while he/she is at the YA, please call 978-750-1900 ext. 3312.

I have read and agree to abide by the terms and policies listed and found within this application. I, the parent/legal guardian of the named participant, have read, understood and agree to the above.

Signature of custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SAVE A COPY OF THIS PAGE. READ ALL PERTINENT INFORMATION PRIOR TO YOUR CHILD ATTENDING**



Participant's name \_\_\_\_\_ This page REQUIRED.

Audio/Visual Image Release

ECSD's Youth Leadership Academy uses images and sounds of children and staff participating in YA programs as a way of documenting the enjoyable and educational experiences they have while exploring and enjoying our activities. YA will not identify my child, or will identify my child only by first name and program, unless I give prior written permission to do otherwise.

In consideration of the above, I hereby give my permission and consent to ECSD Youth Leadership Academy: (1) photographing, filming, and video/audio taping my child, (2) using and displaying images and sound of my child in YA's websites, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles. I hereby waive and release on behalf of my child and myself any rights to compensation for, or ownership of, such images and/or sounds of my child and the above uses of them by ECSD and the Youth Leadership Academy. I have read this audio/visual release and agree to its terms and conditions.

Name of Participant \_\_\_\_\_ **Sign one below**

**I GIVE MY PERMISSION** Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I DO NOT GIVE MY PERMISSION:** Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

ECSD's Youth Leadership Academy (YA) staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that YA activities may include, but are not limited to, hiking on uneven terrain, playing active games, participating in activities near water, and other activities such as being near animals. The schedule of activities is available on the first day of each week. Special activities may also be included but not limited to, using ropes challenge course and trampolines that may include both high and low elements. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless ECSD, its officers, administrator, directors, employees, interns, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the ECSD Youth Leadership Academy and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Youth Leadership Academy and activities, Excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during ECSD's Youth Leadership Academy's programs and activities and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the ECSD's Youth Leadership Academy program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described in this application.

**PLEASE NOTE: JUNIOR AND SENIOR GROUPS DO NOT ATTEND ALL CLASS PROGRAMS**

**2022 PROGRAMS:** CPR (JR/SR)- Vaping/Smoking (SR) – Gangs (SR) – Exercise and Stretch (JR/SR) - Jail Tour(SR) – Team Building Games (JR/SR) – Children's Hospital Injury Prevention (JR/SR) – Anti Bullying (JR/SR) – Internet Safety (JR/SR) – Drugs/Alcohol Awareness (JR/SR) – Community Day/Local Police/Fire Departments(JR/SR) – K-9 Demonstration (JR/SR) – Stranger Danger (JR) - Curious Creatures (JR/SR) – Richardson's Ice Cream (JR/SR) - Bowling (JR) – Whale Watch/Plum Island (JR/SR) – Graduation/Cookout (JR/SR) **ALL PROGRAMS ARE SUBJECT TO CHANGE**

Signature of custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Relationship to participant \_\_\_\_\_



Participant's name \_\_\_\_\_ This page **REQUIRED**.

**Allergies:** \_\_\_\_\_ No known allergies The above named allergic to \_\_\_\_\_ Food \_\_\_\_\_ Medicine \_\_\_\_\_ Environment

**Immunization History:** Provide the day, month, and year for each immunization. Massachusetts requirements are listed below. **Fill in OR attach medical record.**

Immunization (Grade(s): # doses)	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5/most recent
Diphtheria, tetanus, pertussis (DPT, DT, DTaP, Td, or Tdap) [Pre, 1 <sup>st</sup> – 6 <sup>th</sup> , 4, K:5]					
Tetanus booster (Td, Tdap) [7 <sup>th</sup> – 10 <sup>th</sup> ]	Must be within the last 10 years				
Measles, Mumps, Rubella (MMR or MMRV) [Pre: 1, K-12 <sup>th</sup> :2]					
Polio (OPV or IPV) [Pre, 7 <sup>th</sup> -12 <sup>th</sup> : 3,K-6 <sup>th</sup> :4]					
Hepatitis B [Pre-6 <sup>th</sup> :3]					

**Medical Insurance:** Is the participant covered by health/accident insurance or Medicaid?   yes   no  
 Insurance Carrier/Plan Name \_\_\_\_\_ Policy # \_\_\_\_\_  
 Subscriber's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

   I have reviewed the program/activities information provided and feel the participant can participate without restrictions  
 OR    I feel the camper can participate with the following restrictions or adaptations. Please describe below.

**General Health History:** Check "Yes" or "No" for each statement.

- Been hospitalized/had surgery in the past year? Yes No
- Have a recurrent/chronic illness(es)? Yes No
- Have a recent injury/illness/infection? Yes No
- Have diabetes? Yes No
- Had Seizures? Yes No
- Have severe or frequent headaches? Yes No
- Wear glasses/contacts/protective eyewear? Yes No
- Have frequent bloody nose? Yes No
- Have a phobia? (note type/severity below) Yes No
- Ever had back/joint problems? Yes No
- Ever had a head injury or concussion? Yes No
- Ever been treated for Lyme Disease? Yes No
- Ever been stung by a bee? Yes No
- Have digestive problems? Yes No
- Had fainting or dizziness? Yes No
- Have motion sickness? Yes No
- Traveled outside the U.S. in the past? Yes No
- Have you tested positive for Covid-19? Yes No MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**Explain** "Yes" answers in the space below, noting the number of each questions requiring a response. For travel outside the U.S. give places visited and dates of travel. Attach additional pages if needed.

**Mental, Emotional, and Social Health History:** Check "Yes or "No" for each statement. **Explain** "Yes" answers below.  
 Has/does the participant:

- Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?   Yes   No
- Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder?   Yes   No
- Used an individualized education plan (IEP) during the previous school year?   Yes   No
- Speak a primary language other than English?   Yes   No Language \_\_\_\_\_

**To better care for the participant:** Provide any additional information about the participant's behavior or physical, mental, emotional, and social health that you think important or that may affect the participant's ability to participate in the Youth Leadership Academy (shyness, learning style, etc.) List any strategies used to manage the concern or enhance the participant's ability.



Participant's name \_\_\_\_\_

**Medications at home:**

- This participant does not take medications regularly at home.
- This participant takes the following medications at home. Please describe the medication and condition below.
- Daily: \_\_\_\_\_ Seasonally: \_\_\_\_\_ Other: \_\_\_\_\_

**Medications at Youth Leadership Academy:**

Include any medication that the participant may need to take at the YA, including vitamins, Lactaid, etc. Attach additional pages if needed. The participant's parent/guardian must supply these medications, labeled with the participant's name, unexpired and in original containers, and bearing specific direction for administering. Prescription medications must have the full pharmacy label. Contact the YA Director if a participant takes medication for mental health and the medication or dose has changed within the three months prior to the YA Academy.

The participant will bring the following medications to Youth Leadership Academy:

Name of Medication	Amount or Dosage	How it is given (by mouth etc.)	When it is given	Date Started	Reason for taking
			<input type="checkbox"/> Time _____ <input type="checkbox"/> As needed		
			<input type="checkbox"/> Time _____ <input type="checkbox"/> As needed		

**Asthma Emergency Medications:**

- This participant does not have asthma emergency Medications.
- Include a copy of the participant's asthma action plan.** Contact the YA Director if you have any questions.

Name of Medication	Amount/Dosage	Route: (mouth, inhale exhale)	When it is given

- This participant will bring asthma medication to the Academy but does not need to have it nearby at all times. The medication may be stored in the medication storage unit with the staff.
- This participant will bring asthma medication to the YA and should have it nearby at all times in the medication storage unit with the staff. This participant will also bring:  nebulizer  spacer

Parent/Guardian signature \_\_\_\_\_

**Allergy Emergency Medications:**

- This participant does not have allergy emergency medications.
  - Include a copy of the participant's allergy action plan. Contact the YA Director if you have any questions.
- Provide two EpiPens bearing the original pharmacy labels.

Name of Medication	Amount/Dosage	Route: (by mouth, inhale exhale)	When it is given
Benedryl/diphenhydramine			
EpiPen/EpiPen Jr.			
Other			

- This participant has been trained to administer his/her own EpiPen (required for age 5+)
- This participant recognizes the onset of an allergic reaction and can notify a staff member if symptoms occur.
- This participant does not recognize and report the onset of an allergic reaction. Call the YA Director immediately!

## **Launch Entertainment Park Assumption of Risk, Waiver of Liability, And Indemnification Agreement (“Agreement”)**

Participant #:    First Name (Print)                      Last Name (Print)                      Birthdate  
Participant:

In consideration for gaining access to and use of Fun Dynamics, LLC (d/b/a Launch Entertainment Park ), a Massachusetts limited liability company (“LEP”), property, facilities and services (“LEP Facilities and Services”) and engaging in the use of and participation in the facilities, equipment and activities in and associated with LEP (“LEP Activities”), I the undersigned, on behalf of myself and my spouse, children, parents, legal wards, heirs, assigns, personal representatives, estate, and insurers, and on behalf of any Minor Participant listed above, agree as follows: (Initial here) I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, hereby acknowledge, agree to and/or certify the following: I and/or Minor Participant am/ are willing to practice social distancing (maintaining 6ft between individuals) in all areas of the park and that I and Minor(s) do not have any of the Covid-19 symptoms such as fever, feeling sick, cough, sneezing, shortness of breath or simply not feeling well, and that I and Minor(s) do not live or have been in contact with other persons or family members that had been diagnosed with or suspected of having Covid-19 and that I and Minor(s) consent to having our temperature checked upon entering the park. I also understand that despite all additional cleaning and safety procedures taken, the undersigned acknowledges, appreciates and agrees that participation and any related events includes possible exposure to and illness from infection diseases including, but not limiting to, Covid19, Sars, H1N1, and MRSA. I assume full responsibility for all such risks, both known and unknown, even if caused by negligence by others or releasees. I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, hereby acknowledge, agree to and/or certify the following: I, as parent/ guardian, with legal responsibility for any minor participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against infectious diseases. (Initial here) I am the Adult Participant and/or Parent/Guardian on behalf of a Minor Participant listed above and I hereby acknowledge, accept and agree that participation in LEP Activities, particularly the use of trampolines, inflatable “bounce houses”, advanced and/or aerial obstacle course equipment, and rock climbing and bouldering features, involve known and unanticipated risks that could result in physical and/or emotional injury, which include but are not limited to broken bones, sprained or torn muscles or ligaments, paralysis, other bodily injury, or death, or property damage caused by myself, a Minor Participant, or a third party. I acknowledge that the above list is not inclusive of all possible risks associated with use of LEP Facilities and Services and participation in LEP Activities, and I agree that such list in no way limits the extent or reach of this Agreement. I acknowledge and understand that such risks cannot be eradicated without jeopardizing the core qualities of LEP Activities. I acknowledge that the aforementioned risk of physical and/or emotional injuries may also happen to an observer or

bystander. I have received information to my satisfaction regarding the use of LEP Facilities and Services and participation in any and all LEP Activities and have had the opportunity to ask any and all questions I desired to ask. I understand the demands of LEP Activities are relative to my and/or Minor Participant(s)’s physical condition and skill level and acknowledge the types of injuries that may occur as a result of LEP Activities and the potential impact on an individual’s well-being and lifestyle.

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I hereby agree that my access and access of a Minor Participant to LEP Facilities and Services and participation in LEP Activities is voluntary and that I knowingly assume all inherent risks. **(Initial here)** In further consideration of access and use of LEP Facilities and Services and participation in LEP

Activities, I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, on behalf of myself, my spouse, my heirs, legal wards, personal representatives, assigns, and Minor Participant(s) (collectively, "Releasing Parties") do hereby release, waive, and discharge LEP, its owners, directors, managers, officers, employees, affiliates, volunteers, independent contractors, lessors (including, but not limited to, DKA Equity, LLC, a Massachusetts limited liability company), equipment providers, and agents (collectively, "Protected Parties") from legal liability, claims, demands, and causes of action, whether the same is known or unknown, anticipated or not, arising from the ordinary negligence of LEP or Protected Parties, including personal and/or emotional injury or death from incidents or illnesses arising from participation in LEP Activities and any and all claims resulting from the damage to, loss of, or theft of property, and I, for myself and on behalf of Releasing Parties, further agree that except in the event of LEP's gross negligence and/or willful and wanton misconduct, I shall not bring any claims, demands, legal liability, and/or causes of action against LEP for any losses, whether economic or non-economic, due to property damage, personal and/or emotional injury or death sustained by me or Minor Participant(s) that are in any way associated with LEP Facilities and Services or LEP Activities. I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, further agree to hold harmless, release, discharge, defend, and indemnify LEP and Protected Parties (i.e., defend and pay any judgment and costs, including attorneys' fees and related expenses) from any and all claims of the Releasing Parties arising from injury or loss due to participation of myself or a Minor Participant at LEP (including claims arising from the inherent risks of LEP Activities and those arising from the ordinary negligence of LEP or Protected Parties). I further agree to hold harmless, defend, and indemnify LEP and Protected Parties against any and all claims of co-participants, rescuers, and others arising from conduct of myself or a Minor Participant in the course of my participation or Minor Participant(s)'s participation at LEP (including claims arising from the inherent risks of LEP activities and those arising from the ordinary negligence of LEP or Protected Parties). In the event any dispute arises, I, the Adult Participant and/or Parent/Guardian on behalf of Minor Participant, agree bring such dispute within one (1) year of the date of this Agreement and to engage in mediation to settle the dispute. Any agreement reached will be formalized by a written contractual agreement at that time. Should the issue not be resolved by mediation, I agree that all disputes, controversies, or claims arising out of my participation or Minor Participant(s)'s participation at LEP shall be submitted to binding arbitration in accordance with the applicable rules of the American Arbitration Association then in effect.

**(Initial here)** I, Adult Participant and/or Parent/Guardian on behalf of Minor Participant, hereby acknowledge, agree to and/or certify the following: I and/or Minor Participant is/are physically and emotionally able to participate in any and all LEP Activities without aid or assistance; I and/or Minor Participant am willing to assume the risk of any physical or medical condition I and/or Minor Participant may have; I have read all rules governing participation of myself or a Minor Participant in LEP Activities ("LEP Rules"), I have explained such rules to any Minor Participant(s) listed in this Agreement, and I understand that failure to follow all LEP Rules may result in the expulsion of myself and/or Minor Participant(s) listed in this Agreement from this LEP location;

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This Agreement supersedes any and all previous oral or written promises or agreements with LEP, this is the entire agreement between me and/or Minor Participant(s) and LEP, and that the Agreement cannot be modified or changed in any way by representations or statements by any agent or employee of LEP;

I am at least eighteen (18) years old; I acknowledge it is my or a Minor Participant's duty to inform staff and cease exercise immediately if I or a Minor Participant feels any unusual discomfort or suffers any injury during participation and alert the staff to any rules violations or dangerous behavior of co-participants; I agree to inform LEP of any injury (even minor injuries) prior to leaving the LEP facility and agree to assume all costs of emergency medical care and transportation; I grant LEP the right, without limitation, to photograph, videotape and/or record me and/or a Minor Participant and authorize LEP to use any such photographs, images, or likenesses in LEP marketing and displays, regardless of media; and I expressly agree that the foregoing Agreement is intended

to be as broad and inclusive as is permitted by applicable laws and that if any portion thereof is held void or unenforceable, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. By signing this Agreement, I understand that I am giving up substantial rights, including my right to sue and any right to sue on behalf of Minor Participant(s), and I acknowledge I am signing the agreement freely, voluntarily, and intelligently, and with the full knowledge of its legal consequences. I intend my signature to be a complete and unconditional release of all liability due to ordinary negligence by LEP and the Protected Parties to the greatest extent allowed by law. I certify I am the parent or legal guardian of any Minor Participant listed in this Agreement or have been granted power of attorney to execute this Agreement on behalf of a parent or legal guardian of such Minor Participant. In the event I do not have the authority to execute this Agreement on behalf of another, I agree I shall be solely liable for any and all resulting claims, actions, penalties, causes of action, services, fees, or similar expense. Adult Participant's Signature or Signature of Driver's License Number Date Parent/Guardian of Minor Participant(s)

~~Please provide the following information for Adult Participant or Parent/Guardian of Minor Participant(s) (Please Print):~~

Please check box if you would like to receive email discounts and promotions at the above email address.  
Agreement accepted by: (LEP Employee)

Participant:                      First Name (Print)                      Last Name (Print)                      Birthdate

# ESSEX NORTH SHORE AGRICULTURAL & TECHNICAL HIGH SCHOOL



565 MAPLE STREET  
HATHORNE, MA  
01937



## Student Program Information, Assumption of Risks and Agreements of Release and Indemnity

**Essex County Sheriff's Department**

School Name Essex County Sheriff's Department Youth Leadership Academy Program Week of \_\_\_\_\_

Dear Parent: WELCOME TO ESSEX NORTH SHORE'S HIGH 5! Please read this document carefully. Parts I, II and III seek medical and other information about your child. Part IV contains important information about the High 5 experience and may affect your legal rights and those of your child in the event of an injury or some other loss. The document must be signed by at least one Parent.

Activities and Risks: High 5 programs are designed to be age appropriate and well within the capabilities of children in reasonably good health. They incorporate a variety of activities including games and problem-solving initiatives. Each child may choose the level of his or her participation. Minimizing risks is a high priority at High 5, but participants and their families must understand that there are risks of physical or emotional injury, and must assume those risks. While the risk of injury is small, participants may suffer sprains, abrasions and other, more serious, physical and emotional trauma. Injuries and other losses can result from, among other causes, moderate to strenuous activity including the possibility of falling, abrupt contact with fixed and other objects and persons, close personal contact with other participants or staff members, including the possibility of inadvertent and unwelcome touching, and misjudgments of other participants. High 5 recommends that participants be covered by health and accident insurance for the duration of their participation.

Managing risks effectively is very important in all of our programs at Essex North Shore Agricultural & Technical High School. Please help us by providing the information requested below. Let us know if your child has any condition (current or past) that could affect his/her involvement in all activities and provide any other information that will help us provide a productive and enjoyable experience.

**If you have any questions about your child's program, don't hesitate to call 978-750-1900 Ext. 3312**

### Part I- General Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Other \_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Other Phone \_\_\_\_\_

A Public Regional Vocational Agricultural High School · Commonwealth of Massachusetts

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**Assumption of Risks:** I am aware that High 5 programs are meant to be physically challenging as well as educational. I understand that even though High 5 programs are designed and operated by skilled and experienced staff, the risk of injury cannot be eliminated. I understand further that the risks described above, and other risks, are inherent in the activities – that is, they cannot be eliminated without changing the nature and value of the experience. I have discussed the High 5 activities and their risks with my child. He or she understands them and wishes to participate nevertheless, and the child and I expressly assume all such risks, inherent and otherwise and whether or not they are described above.

**Release and Indemnity:** For myself and, to the maximum extent allowed by law, on behalf of my child, I agree to release and to indemnify (“indemnify” meaning to protect, defend and pay any judgments, costs, and attorney’s fees”) Essex Agricultural & Technical High School and High 5, its owners, staff members and Board of Directors, and Board of Trustees, with respect to any and all claims, including claims of negligence (but not of gross negligence or intentionally wrongful conduct), arising in any way from injuries or other losses suffered by the child or caused by the child, in connection with the child’s enrollment or participation in a High 5 activity.

Other: In the event of illness or injury to the child, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary, and to exchange medical information with third party care givers. I will pay or reimburse High 5 and/or Essex Agricultural & Technical High School for any and all costs including attorney’s fees, associated with defending a claim brought by me or by others on behalf of my child to the extent that claim is dismissed or recovery for it is denied. If a suit is filed against High 5 or any other released party it must be filed in Windham County, Vermont. Any such suit will be governed by the laws of Vermont, not including those laws which may apply the laws of another jurisdiction. If any part of this agreement is deemed invalid by a court of competent jurisdiction, the remainder of the agreement will nevertheless remain in full force and effect.

**My initials here** reflect my permission to Essex Agricultural & Technical High School to use, reproduce or distribute any photograph, film, videotape or sound recordings of my child during my training, for use by Essex Agricultural & Technical High School in materials it may create for marketing or other purposes.

**Signature of Parent/Guardian** **Date**