



- When:** Monday, July 6, 2009 through Thursday, July 9, 2009
Van leaves at 9:00am sharp and returns by 5:00pm.
- Who:** Open to all middle and high school students
- Where:** We will be traveling to a different area Skate park each day. The specific areas will be dependent on Skater Choice and weather conditions.
- Cost:** \$125
- What:** You should take a look at the detailed equipment list in this packet.

To sign up for this program NAYS should receive from you: this permission slip, medical form/ liability waiver (possible already on file, call to check), payment (Make checks to "Town of North Andover").

For more information, please contact Ryan Chasse, (978)682-9000x229, rchasse@nayouth.com

I, (Parent or Guardian) _____ give my permission for
(Participant) _____ to participate in the NAYS Skate
Boarding Skater's Nirvana from Monday, July 6, 2009 through Thursday,
July 9, 2009

Signature: _____ Date: _____

(Parent/Guardian)

NAYS Skateboarding/ Rollerblading Clothing and Equipment List

Please do not omit items on the required list. **What you wear opening day is from this list.** Extra clothes and equipment that are brought beyond this list will be stored at NAYS at the beginning of the day.

PERSONAL GEAR REQUIRED:

Skateboard/Blades	Bring your own Skateboard, ripstick, or inline skates.
Bicycle Gloves	Gloves should be bicycle specific. If they are not they should have a snug fit for good dexterity and a leather or synthetic leather palm.
Skate Helmet	Helmet must be a multi-impact ANSI or SNELL approved helmet for skateboarding and such activities
Pads	Elbows and knees must be padded or covered with appropriate padding.
Pants	Pants should be comfortable for moving around in and provide good coverage.
Shirt	Shirt should be at least short sleeve or long sleeve (no sleeveless).
Shoes	Shoes must be closed toe and should provide a good grip on the board. They should be comfortable for all day wear.
Water Bottle	Water Bottle must seal and have the capacity for at least a quart of water.

****No Midriff-baring shirts**

Note: No Leatherman, pocket or sheath knives, animals or weapons permitted on trips. No cell phones, Personal Game systems, or other hand-held electronic devices please.

OPTIONAL ITEMS:

Camera
Pads (shin, knee elbow, etc)
Small Backpack/Hydration Pack
SKate Multi-tool (Trip Leader will have all necessary tools for basic field repairs)

Medical Information Form

Fill out this form completely to allow for your participation on the course

Name	Phone	Email
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Parents' Name	Phone	Email
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Address	City	State	Zip
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Date of Birth	Height	Weight
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Emergency Contact	Phone	Relationship to Participant
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Allergies: Do you have any allergic reactions (e.g., to bees, drugs, foods, ect.)? If so, what are they?

Medications: Are you taking medication (e.g., Tylenol, Orthonovo 777, Proventill, ect)? If so, what are they? What are they for? Do you have any medications with you?

Chronic Illnesses: Do you have any chronic illnesses (e.g., diabetes, epilepsy, asthma, ect.)? Please list.

Physical Conditions: Do you have any physical conditions that might limit or prevent you from participating in certain physical activities? If so, please describe such limitations and conditions on activities

Injuries: Have you experienced any injuries (e.g., dislocations, sprains, ect.) within the last three years? If so, list here and identify when the injuries occurred and the extent or the severity of the injury. Have you fully recovered from this injury?

Physician: Have you been treated by a physician in the past year? Have you been hospitalized within the past year? If so, please explain.

Primary Physician: Name, Address and Phone Number

Insurance: By what Insurance Company are you covered? If possible please include your I.D. number

This form is the property of North Andover Youth Services and will remain as a confidential record. Only the instructors and medical personnel have access to this information.

North Andover Youth Services
Release of Liability and Assumption of Risk

This is to certify that, I **(Parent or Guardian)** _____, am fully aware that certain risks and dangers may exist during ropes course activities, climbing, orienteering, backpacking trips, initiatives, games and other activities which my son/daughter will be participating in under the auspices and sponsorship of the Outdoor Adventure Program and/or the North Andover Youth Services. I realize that these include, but are not limited to risks and dangers in motor vehicle travel, exposure to the forces of nature, travel in mountainous terrain and possible accident or illness in places remote from any medical facilities. I realize that the presence and supervision of staff does not necessarily guarantee safety or lessen the risks inherent to the activities. In consideration of the consent of the Outdoor Adventure Program that my son/daughter participate in climbing activities, ropes courses, backpacking, or in orienteering, or other activities between the dates of September 1, 2008 and August 31, 2009. I hereby assume all risk of injuries and damages to son/daughter, agree that in no case will I present or prosecute against the North Andover Youth Services, an of its board of directors, agents, employees, or specific site owners who may be working in conjunction with Youth Services, and/or any other who are involved, any action, compensation for injury, or damage suffered be my son/daughter, or the aforementioned activities. Whether the same be occasioned by the negligence by the North Andover Youth Services or any and all others who are involved, I agree further for myself and/or my spouse, and son/daughter, to hold the Youth Services, it's officers, agents, employees, and affiliates, free and harmless from and against any and all claims, by whomsoever made or presented, from damages or compensation from any and every such injury or damage suffered by my child including but not limited to superficial injuries, sprains, fractures, paralysis, or death.

Should my son/daughter incur an illness/injury while participating in the aforementioned activities, I hereby give my consent for my child to receive medical treatment.

I, **(Name of Participant)** _____, understand the inherent risks and dangers involved in the aforementioned adventure activities as described above and explained to me by my parent/guardian, and agree to participate in the said activities with parental permission.

I, **(Name of Participant)** _____ grant the North Andover Youth Services, persons acting for or through them, the right to use, reproduce, assign and distribute photographs, films, video tapes and sound recordings of myself to use for public relations, slide shows, newspapers and/or advertising for the North Andover Youth Services Program.

I agree with the Release of Liability and the Photo/Media statement and release all North Andover Youth Services Staff, Board of directors and the Town of North Andover.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If Child is under 18 years old)