

Cambridge Youth Commission  
**Afterschool Recreation Program**  
Sept. 6, 2017 – June 22, 2018

The Afterschool Recreation Program is available for all children, K-6<sup>th</sup> grade and will be held at the Cambridge Youth Center (corner of South Park St & Ave B), Monday-Friday.

The afternoon will be spent doing arts and crafts, projects, and games. The Youth Center is equipped with Apple computers, books, ping pong tables, sports equipment, games, toys, and art supplies.

The cost is \$7 per day if picked up by 4:30pm, and \$10 per day if picked up by 5:30pm. This is a drop-in program and parents are billed monthly for the service. Must be paid by check.

Late pick-up Policy – if a child is picked up after 5:30pm 3 times within a month, an additional fee of \$3/day will be added to each additional late pick-up during that month.

All students must be registered in order to attend.

Contact Lindsay Shaner, CYC Director, with questions or for more information – [youth@cambridgeny.gov](mailto:youth@cambridgeny.gov)

---

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

\_\_\_\_\_ I give consent to the use of photographs taken during the course of the program to be used for publicity and promotional purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources).

\_\_\_\_\_ I do not give consent for the CYC Afterschool Recreation Program to photograph my child.

The following individuals have permission to pick up my child:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Does your child have a medical condition or allergy that we need to be aware of?  
\_\_\_\_\_

By signing below, I release the Cambridge Youth Commission from all liability relating to injuries that may occur during the Afterschool Recreation Program. I agree to hold the Cambridge Youth Commission entirely free from any liability, including financial responsibility for injuries incurred or the aggravation of pre-existing conditions or injuries.

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