

MICHAEL W. MORRISSEY, NORFOLK DISTRICT ATTORNEY

TEAM RIVAL

ADVENTURES IN RESPECT

- Reward five high school student leaders by selecting them to serve as your school's team for this challenge.
- Students can be from grades 9-12.
- This program will run from 10:00 a.m. to 2:00 p.m. at the Bernon Family Branch of the Hockomock Area YMCA (45 Forge Hill Road, Franklin, MA).
- Students should wear sneakers and comfortable/athletic clothes **IN SCHOOL COLORS. THIS IS AN OUTDOOR ACTIVITY**
- Pizza lunch will be provided.
- Students will earn 5 hours of community service credit for their participation.
- Students should arrive with their signed waiver (attached).
- To register your school, please email Jennifer.C.Rowe@state.ma.us by April 10, 2020.

BRACKETS 1-6 | April 27, 2020 (RAIN DATE: April 29, 2020)

- | | | |
|------------------------|----------------------------|---------------------------|
| • WALPOLE REBELS | • NEEDHAM ROCKETS | • STOUGHTON BLACK KNIGHTS |
| • NORWOOD MUSTANGS | • BRAINTREE WAMPS | • CANTON BULLDOGS |
| • DEDHAM MARAUDERS | • MILTON WILDCATS | • SHARON EAGLES |
| • KING PHILIP WARRIORS | • WEYMOUTH WILDCATS | • FOXBOROUGH WARRIORS |
| • FRANKLIN PANTHERS | • QUINCY PRESIDENTS | |
| • WELLESLEY RAIDERS | • NORTH QUINCY RED RAIDERS | |

BRACKETS 7-11 | April 30, 2020 (RAIN DATE: May 1, 2020)

- | | |
|------------------------|--------------------------------------|
| • MEDFIELD WARRIORS | • MEDWAY MUSTANGS |
| • DOVER RAIDERS | • MILLIS MOHAWKS |
| • WESTWOOD WOLVERINES | • BELLINGHAM BLACK HAWKS |
| • AVON PANTHERS | • FOXBOROUGH REGIONAL CHARTER SCHOOL |
| • HOLBROOK BULLDOGS | • BLUE HILLS REGIONAL HIGH SCHOOL |
| • RANDOLPH BLUE DEVILS | • NORFOLK AGRICULTURAL HIGH SCHOOL |
| • COHASSET SKIPPERS | • TRI-COUNTY HIGH SCHOOL |
| • BROOKLINE WARRIORS | |

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FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hockomock Area YMCA Outdoor Education: Participant Information, Assumption of Risks, and Agreements of Release and Indemnity

Group Name: _____

Program Date: _____

Dear Parents & Guardians,

Welcome to Hockomock Area YMCA! Please read and complete this document carefully. This form must be completed and signed by at least one parent prior to participating in our programs.

Challenge Course / Outdoor Education activities are designed to be fun and exciting, allowing participants to engage in a variety of games, teambuilding activities, and low and high ropes challenges. A trained staff of facilitators leads each group through a progression of age appropriate activities with the intention of working toward their stated goals. Common goals include building self-confidence, creating a sense of trust and cooperation within a group, working on communication skills, developing leadership skills, and helping participants to discover and practice problem solving skills. Every participant has the opportunity to choose their level of participation.

It is the aim and responsibility of the program staff to provide everyone with a safe and enjoyable experience. This is based on a shared responsibility and a commitment of safe practice from the participants. Following the safety procedures and guidelines, and exercising good personal judgment will minimize the risks involved. It is important for participants to accept personal responsibility for their own safety and the safety of other members of the group by following instructions and working with the group as a whole to create this safe and enjoyable environment. Safety is the number one priority of the program. The following questionnaire aids us in efficiently managing risk in our program.

If you have any questions about the program, you can reach Hockomock Area YMCA at (508) 695-7001.

General Participant Information

Participant's Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Parent or Guardian's Name (If under 18) : _____

Address: _____

Town: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact Information

In the event of an emergency, where parents/guardians cannot be reached, Staff may contact:

Name: _____ Phone: _____

Relationship: _____

Address: _____

Town: _____ State: _____ Zip: _____

*****DOUBLE-SIDED FORM*****

Insurance Coverage

The Hockomock Area YMCA does not provide medical insurance in the event of an emergency to a program participant. Medical coverage is directed to each family's health plan.

Is the participant covered by Medical Insurance? **Yes** **No**

Insurance Carrier: _____ Policy Number: _____

Name of Insured: _____ Relationship to Participant: _____

Medical Information

Does the participant have any medical or behavioral conditions (past or present) that could interfere with him or her fully participating in the program?

Yes **No** If yes, please describe.

Is the participant currently taking any medications? **Yes** **No** If yes, please give the medication(s) name and the condition for which it is described.

Does the participant ...

Have any allergies?

Yes

No

Have a chronic or recurring illness?

Yes

No

Had a recent injury or infectious disease?

Yes

No

Have any seizure disorders?

Yes

No

If yes or any of the above questions, please describe:

Assumption of Risk and Agreements Release & Indemnity

In considering the services of Hockomock Area YMCA in offering these activities, I, Parent, for myself and on behalf of my minor child, agree to the following:

Assumption of Risk

I recognize that the Hockomock Area YMCA will operate in good faith. However, situations may arise when the staff may find it necessary to terminate an activity. The Challenge Course / Outdoor Education Staff may also refuse or terminate the participation of any person judged to be incapable of meeting the rigors or requirements of any activity. I acknowledge that no guarantees have been made with respect to achieving objectives.

I fully understand that the Hockomock Area YMCA Challenge Course, will subject me (my child) as a participant to certain stresses and hazards, not all of which can be foreseen. I understand that reasonable precautions will be taken to protect myself (my child) as a participant but that risk or injury can never be completely eliminated. I do, therefore, assume all of the ordinary risks normally incidental to the nature of this course, including risks that are not specifically foreseeable.

Release and Indemnity

For myself and, to the maximum extent of the law, on behalf of my child, I hereby agree to release and to indemnify the Norfolk District Attorney's Office, its staff and agents, and the Hockomock Area YMCA, its staff and agents, from all liability for any and all injuries, loss or damage suffered by or caused by myself or my child, in any way connected with Hockomock Area YMCA programming. I also certify that I understand the nature of the physical demands of this activity and that I (my child) have no physical or medical condition which may affect (his / her) participation.

My initials here _____ authorize and give full consent to Hockomock Area YMCA to reproduce or distribute any photo, video, or sound recording taken during my program for use in brochures, slide shows and promotional displays by the YMCA.

Signature of Parent or Guardian: _____ Date: _____