



# Tree Street Youth 2024-2025

Registration and Release  
144 Howe Street Lewiston, ME  
(207) 513-6866

**Student 1 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade** \_\_\_\_\_  Male  Female  Not Specified **Name of School:** \_\_\_\_\_ **Does your child have an IEP? Yes No** **Race/Ethnicity:**  African/African American/Black  American Indian/Alaskan Native  Asian  White  Hispanic or Latino  Other \_\_\_\_\_

**Student 2 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade** \_\_\_\_\_  Male  Female  Not Specified **Name of School:** \_\_\_\_\_ **Does your child have an IEP? Yes No** **Race/Ethnicity:**  African/African American/Black  American Indian/Alaskan Native  Asian  White  Hispanic or Latino  Other \_\_\_\_\_

**Student 3 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade** \_\_\_\_\_  Male  Female  Not Specified **Name of School:** \_\_\_\_\_ **Does your child have an IEP? Yes No** **Race/Ethnicity:**  African/African American/Black  American Indian/Alaskan Native  Asian  White  Hispanic or Latino  Other \_\_\_\_\_

**Student 4 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade** \_\_\_\_\_  Male  Female  Not Specified **Name of School:** \_\_\_\_\_ **Does your child have an IEP? Yes No** **Race/Ethnicity:**  African/African American/Black  American Indian/Alaskan Native  Asian  White  Hispanic or Latino  Other \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City** \_\_\_\_\_

**Student (s) Primarily Lives With:**  Mother  Father  Both Parents  Other: \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Secondary Language:** \_\_\_\_\_ **Additional Languages:** \_\_\_\_\_

**Do your child (ren) receive free/reduced Lunch? Yes No**

## TELL US HOW TO REACH YOU WHILE YOUR CHILD IS WITH US:

**Parent/Guardian:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_ **Mailing Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Parent/Guardian's Highest**

**Level of Education:**  Some High School  High School Diploma  Some College  College Degree  No Formal Education  Other (GED? Adult Ed?): \_\_\_\_\_

## In case of emergency and the parent/caregiver cannot be reached, please notify:

**Name:** \_\_\_\_\_ **Relationship to family:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Day phone:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

## Health/Medical Information:

Medications: \_\_\_\_\_  Medical Conditions: \_\_\_\_\_  Recent

Injuries: \_\_\_\_\_  Food/Drug Allergies: \_\_\_\_\_

Asthma \_\_\_\_\_  Other Conditions or Diagnoses: \_\_\_\_\_

*Please ensure that your child brings any necessary medication with them (inhaler, epi-pen, prescription).*

OPTIONAL: POWERSCHOOL ID: \_\_\_\_\_ Password: \_\_\_\_\_

**Tree Street Youth Participation Agreement, Release and Acknowledgement of Risk, and Photo Release**

In consideration of the services of Tree Street Youth, Inc. ("Tree Street"), I hereby agree, on behalf of myself and my child(ren), as follows:

1. I acknowledge that participation in Tree Street programming entails known and unanticipated risks, which include physical injury including paralysis, death, or damage to myself or my children, to children for which I am responsible, and damage to my property or that of a third party. I understand that such risks are inherent in the activity and cannot be eliminated without jeopardizing the essential qualities of the program. I have read the list of risks associated with this program.
2. I acknowledge that Tree Street staff and volunteers cannot pay continuous attention to all participants, and cannot be responsible for their safety at all times.
3. I agree to release and discharge Tree Street from any and all claims or liabilities related from or connected with my participation or my child's participation in any Tree Street program, as well as any and all claims or liabilities arising from or connected with our presence on Tree Street's premises, or on any property owned by others where Tree Street activities are conducted.
4. I certify that I have no medical condition or restriction that prevents me from safely participating in Tree Street programs. I also certify that my children and the children for whom I am responsible have no medical condition or restriction that prevents them from safely participating in any Tree Street Program.
5. I consent to motor vehicle transportation by Tree Street staff.
6. I hereby give my consent and consent on behalf of my child to be photographed/filmed/recorded while participating in Tree Street programs, and to use such photograph/footage/recording for any purpose, including training, advertising, solicitation of charitable gifts, and other communications.
7. I authorize Tree Street to collect student data for the purpose of program evaluation and reporting results to Tree Street's funders and Board of Directors.
8. I understand that this release applies to me and my children, as well as each of our heirs, insurers, successors, and assigns.

**Acknowledgement: I consent to participation in this program of my child(ren) and any children in my care (Please List Names):**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Consent to Treatment**

I authorize Tree Street staff to arrange for transportation and medical treatment in case of accident or illness. In the event Tree Street staff are unable to contact me, I authorize Tree Street Staff to arrange for transportation and medical treatment, and consent to treatment by a licensed physician or medical provider, including the administration of any medication or other treatment which a medical provider deems reasonably necessary for my child's health or well-being. I assume financial responsibility for the cost of such transportation and treatment.

\_\_\_\_\_  
**Adult Signature**

\_\_\_\_\_  
**Date**

**Consent to Walking**

\_\_\_\_\_(Initials) **YES MY YOUTH CAN WALK.** I authorize that my children can walk to and from the center and come and go during program hours. I acknowledge that all children at Tree Street youth are able to come and go from the center during program hours unless otherwise specified by initialing and providing names of who can pick them up below.

\_\_\_\_\_(Initials) **NO MY YOUTH CANNOT WALK.** I am requesting that my child(ren) are not permitted to come and go from the center and are only to be picked up by: 1. \_\_\_\_\_ 2. \_\_\_\_\_



**TREE STREET YOUTH, INC.**

Summer Camp 2024

**Participant Agreement, Release and Acknowledgement of Risk; Photo Release**

In consideration of the right to participate in a field trip sponsored by Tree Street Youth, Inc. ("Tree Street"), in cooperation with

**YWCA, Longley School Playground, Kennedy Park, Maine MILL, and Lewiston Public Library**

to be held at

**(See Attached List Below for Addresses).** *Each group will go once a week at*

**9:00 AM-12:00 PM Monday - Friday**

*from June 26th - August 2, 2023,*

I hereby agree on behalf of myself and my child(ren), as follows:

1. I acknowledge that participation in the Trip is an entirely voluntary recreational offering and is not a condition of my employment or services to Tree Street, whether on a volunteer basis or for remuneration, and that while attending the Trip I will not be acting within the ordinary scope of my job duties (if any) for Tree Street.
2. I acknowledge that activities may include but are not limited to: Swimming, hiking, socializing, lunch, outdoor activities, visiting libraries, sports, swimming, using splash pads, participating in educational discussions/experiences, fishing, etc.
3. I acknowledge that participating in the Trip and the Activities entails known and unanticipated risks, which include physical injury, paralysis, death or damage to myself, to my children, to the children that I am responsible for, to property, and to third parties. I understand that such risks are inherent in the Activities to be offered during the Trip and cannot be eliminated without jeopardizing the essential qualities of the Activities. I have read the list of some risks associated with the Trip and the Activities, and I will follow the instructions of Tree Street and staff when I participate in the Activities.
4. I further acknowledge that Tree Street staff cannot pay continuous attention to all participants and cannot be responsible for our safety at all times. I will promptly report to the staff any injuries or any unsafe or dangerous conditions or situations, and I will cooperate with them fully to insure my safety and the safety of others. I also understand that Tree Street is not responsible for the weather, terrain, wildlife or equipment failure and that they may cause or contribute to an injury or property damage.
5. I agree to release and discharge Tree Street from any and all claims or liabilities arising from or connected with my participation or my child's participation in the Trip and the Activities, as well as any and all claims or liabilities arising from or connected with our presence on Tree Street's premises, or on any property owned by others where the Activities are conducted.
6. I am aware of the level of fitness that is needed for any Activities Trip participants choose to undertake. I certify that the Trip participant has no medical condition or restriction that prevents him or her from safely participating in the Trip and the Activities. I also certify that my children and the children that I am responsible for have no medical condition or restriction that prevents them from safely participating in the Trip or the Activities.
7. I acknowledge that Tree Street will be providing transportation for my child to and from the field trip site. Tree Street will be using their own van operated by the Tree Street staff, as well as a personal vehicle belonging to the Tree Street staff.



8. I hereby give my consent and consent on behalf of myself and my child to be photographed/filmed while participating in the Trip and the Activities and to use such photographs/footage for any purpose, including Tree Street advertising, promotional materials, or fundraising purposes.

9. I understand that this release applies to myself and my children, as well as to each of our heirs, insurers, successors and assigns.

**RISKS IN ALL ACTIVITIES INCLUDE: dehydration, muscle strains, muscle sprains, bone breaks, abrasions, cuts, exposure to biting insects and the infectious diseases they may carry, exposure to poisonous plants, and sunburn.**

**ADDITIONAL ACTIVITY -SPECIFIC RISKS INCLUDE (BUT ARE NOT LIMITED TO) THE FOLLOWING:**

**SWIMMING: drowning, cramping, hypothermia, swimmer’s ear, sinus problems.**

Please bring any necessary medications (inhaler, epi-pen, prescription, etc.) with you.

I have read and understand the above terms and warning, I consent to the participation of my child and children I am responsible for and I agree for myself and my child to be bound by these terms. By signing below I also give permission for my child to receive medical care in case of Emergency in the event I cannot be reached.

\_\_\_\_\_  
**Participant Name**

\_\_\_\_\_  
**Participant Parent/Guardian Signature**

\_\_\_\_\_  
**Emergency Contact**

\_\_\_\_\_  
**Phone Number**

Field Trips	Address
YWCA	130 East Ave, Lewiston, ME 04240
Kennedy Park	120 Park St, Lewiston, ME 04240
Lewiston Public Library	200 Lisbon St, Lewiston, ME 04240
Longley School Playground	145 Birch St, Lewiston, ME 04240 (Behind the school)
Maine Museum of Innovation, Learning, and Labor	35 Canal St. Lewiston, ME 04240



**TREE STREET YOUTH, INC.**

**Transportation Services**

**Participant Agreement, Release and Acknowledgement of Risk**

I hereby agree on behalf of myself and my child(ren), as follows:

- That my child/children have permission to be transported by Tree Street Youth and its accompanying vehicles.
- I agree to release and discharge Tree Street Youth from any and all claims or liabilities arising from or connected with my participation or my child's participation in the transportation services, as well as any and all claims or liabilities arising from or connected with their presence on Tree Street's premises.
- I understand that Tree Street Youth is not liable in any accident. I understand that all precautions will be taken in order to provide safe and worthwhile transportation.
- I acknowledge that participation in Tree Street Youth's transportation services is an entirely voluntary offering. I also understand that if my child does not follow the safety and conduct guidelines, they may be informed that they are no longer permitted to utilize Tree Street Youth's transportation services.

I have read and understand the above terms and warning, I consent to the participation of my child/children I am responsible for and I agree for myself and my child/children to be bound by these terms. By signing below I also give permission for my child to receive medical care in case of Emergency in the event I cannot be reached.

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**Participants Full Names**

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**Parent/Guardian Printed Name**

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**Parent/Guardian Signature**

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**Emergency Contact**

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**Emergency Contact Phone Number**



# Tree Street Youth

# SUMMER CAMP 2024

**Adventure, Music, and Fun!**  
**Discover our Youth Summer Camp**



SCAN ME

**FREE**  
**TO ATTEND!**

FOR AGES

PreK - 5th Grade

**Start:** June 26

**End:** August 2, 2024

8:30AM - 12:30PM

CONTACT US

207-740-4630

justin@treestreetyouth.org

144 Howe St.  
Lewiston ME 04240

