



Lubec Community Outreach Center 2022 Summer Recreation and Enrichment Program Registration Form

Name: _____

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

EMERGENCY CONTACT: (If parent cannot be reached)

Contact #1

Name: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Contact #2

Name: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Child #1 Name: _____

Age: _____ Date of Birth: _____ Grade: _____

If your child requires medication, please list medication name and time/frequency and amount of dosage

Medication name	Time/frequency	Amount
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If your child has any allergies, please list: _____

Child #2 Name: _____

Age: _____ Date of Birth: _____ Grade: _____

If your child requires medication, please list medication name and time/frequency and amount of dosage

Medication name	Time/frequency	Amount
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If your child has any allergies, please list: _____

Child #3 Name: _____

Age: _____ Date of Birth: _____ Grade: _____

If your child requires medication, please list medication name and time/frequency and amount of dosage

Medication name	Time/frequency	Amount
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If your child has any allergies, please list: _____

Please list people whom you authorize to pick up your child(ren):

Name	Relationship
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Name	Relationship
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Name	Relationship
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Medical Authorization

I grant my authorization and consent for _____ to receive general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize Lubec Community Outreach Center staff to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any Xray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Lubec Community Outreach Center staff in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Please sign and date here that you agree to the above _____

Information for Medical Treatment

Physician's Name and Phone Number: _____

Dentist's Name & Phone Number: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information: _____

If your child requires medication, please list medication name and time/frequency and amount of dosage

Medication name	Time/frequency	Amount
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Due to Maine DHHS licensing regulations and mandates, all Lubec Community Outreach Center youth programs require proof of required health immunizations. Any youth that has not provided proof of immunization records will not be allowed to attend the program. There will be no exception to this mandate.

Program Rates

Summer Recreation and Enrichment Program

8:00AM – 4:00PM Monday-Friday (Closed all Federal Holiday's)

Weekly registration fee

MSAD19 Lubec School Enrolled Youth (enrolled in MSAD19 full school year 2021-2022).....	\$40
Lubec Youth 12-month Resident (not enrolled in MSAD 19 full school year 2021-2022).....	\$50
Trescot Youth 12-month Resident.....	\$60
Non-Resident Youth.....	\$100

*Daily Drop-in Rate.....\$24 per day per child

*Due to program scheduling, activity cost, and DHHS licensing requirements of specific staff/youth ratio, daily drop-in will require at least 24 hours' advanced notice prior to drop-off day and is subject to approval. Rate may also increase due cost associated with daily activities/trips.

Road to Success MSAD19 Youth Program

Monday, Wednesday, Friday 8:00AM-11:30AM (Closed all Federal Holiday's)

MSAD19 Lubec School Enrolled Youth (enrolled in MSAD19 full school year 2021-2022)..... Free

Road to Success MSAD19 Youth Program is available to youth enrolled in MSAD19 Lubec Elementary School during the 2021-2022 school year. Due to DHHS licensing requirements of specific staff/child ratio, youth are expected to attend the program regularly.

LCOC relies on generous contributions from Foundations, businesses and individuals that help us reduce actual cost of our youth programs. We understand that there are circumstances that may prohibit a family from being able to afford the registration cost. Below are programs and resources that you may be eligible to receive to help with registration fees. Please talk to the Program Manager if registration fees are a barrier for your family. We can help!

Scholarships Full/Partial and Sliding Scale Fee: Scholarships and sliding scale fee are based on family size and household income may be available. This is offered to any eligible child residing in Lubec, Trescott and Campobello Island. Parents interested in applying for a scholarship/sliding scale fee must submit three consecutive months of total household income for eligibility to be determined. Tax forms from the most current tax year may also be used if any of the house hold members are self-employed. Household income includes money earned by *any* household member living in the home and income made from natural resource harvesting industry (fishing, clamming, wrinkling, etc.)

Child Care Subsidy Program (CCSP): As a licensed facility, parents can apply for the Maine Child Care Subsidy Program for our youth programs. CCSP helps eligible families (including families where the adult(s) are retired and are the legal guardian of a child) pay for child care. For more information, please go to the website at www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care

I have read and understand the above fee schedule and agree to pay the appropriate amount per week per child.

Please sign and date here if you agree to the payment fees _____

Signature

Date

All children regardless of how they are educated (public school or home schooled) or where they reside (any community within or beyond the town of Lubec) are welcome to join our program!

Program Release

My Child has my permission to participate in the Lubec Community Outreach Center Summer Recreation and Enrichment Program. I am aware that the program may offer opportunities for children to swim in a pool, participate in outdoor activities and group physical activity. I am also aware that participating in the program may involve some risk of injury, and I do hereby agree to assume all responsibility of harm or damage to his/her person arising during the program. I agree not to hold the Lubec Community Outreach Center, their Board or Directors, Administrators, Agents and Employees, from any and all liability of personal injury that may occur while my child is participating in the Summer Recreation and Enrichment Program.

Please initial here if you agree to the release _____

Field Trip Release

My Child has my permission to participate in the Lubec Community Outreach Center Summer Recreation and Enrichment Program field trips (within walking distance of the center and bussed locations). I am aware that participating in any field trip may involve some risk of injury, and I do hereby agree to assume all responsibility of harm or damage to his/her person arising during any field trip. I agree not to hold the Lubec Community Outreach Center, their Board or Directors, Administrators, Agents and Employees, from any and all liability of personal injury that may occur while my child is participating in the Summer Recreation and Enrichment Program.

Please initial here if you agree to the release _____

Media Release

I grant my consent to the Lubec Community Outreach Center to use my child's likeness, whether in still or motion pictures, my child's photographs and/or reproduction, including my child's voice and features, with or without my child's name. I agree that I am not entitled to compensation of any kind arising from the use of my child's likeness.

Please initial here if you agree to the release _____

I have read, understand the above releases. I understand that by initialing each individual release, I agree to the respective release.

Parent/Guardian Printed Name: _____

Child's/Children's Name: _____

Signature: _____ Date: _____

Parent/Guardian

Reviewed By: _____ *Date:* _____

Admission Date: _____

Discharge Date: _____

Required Documentation:

Completed Registration Form: Date Provided: _____

Immunization Records: Date Provided: _____

Signed Form from Parent Handbook: Date Provided: _____

UMM Pool Release Form: Date Provided: _____

UNIVERSITY OF MAINE SYSTEM
UNIVERSITY OF MAINE AT MACHIAS
Fitness Center Release and Assumption of Risk
(Minor)

Please print all information clearly.
Signature required below.

Participant's Name: _____ Date of Birth: ____/____/____
Month Day Year

Parent or Legal Guardian's Name: _____
(Parent or Legal Guardian's name required if Participant is under the age of 18 years)

Street Address _____ City _____ State/Province _____ Zip/Postal Code _____
Emergency Contact: _____ Phone # _____ or _____

I, the parent or legal guardian of the above named individual acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to allow my minor child to engage in activities involving the use of the Fitness Center, (the "UMM FITNESS CENTER") at the University of Maine at Machias (University) and in consideration of being permitted to use the UMM FITNESS CENTER do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, his/her heirs; my heirs and next-of-kin, personal representatives and estate.
2. That I have been fully informed of the nature, scope and demands of the use of the UMM FITNESS CENTER, and I understand that such use may include activities which could be dangerous to my minor child and other participants and which could cause property damage, bodily injury and/or death. Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following: Abrasions, entanglements, and other injuries resulting from activities within the UMM FITNESS CENTER including but not limited to injuries caused through inappropriate technique or overuse including but not limited to tendonitis, strains, sprains, abrasions, bruises, dislocation, joint swelling, muscle aches, and fractures, other harm and injury, including but not limited to, drowning, shortness of breath, light headedness resulting from increased heart rate, increased blood pressure, heart attack, and other injuries from strenuous physical activity.
3. That the University has informed me that there may be dangers and hazards inherent to participants at the UMM FITNESS CENTER because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to my minor child or which he/she may suffer or cause to others and for all damages or loss to any personal property owned by him/her or damaged by him/her, while participating at UMM FITNESS CENTER. I agree to indemnify, hold harmless and release the University, the University of Maine System, its Trustees, faculty, employees, volunteers and agents from and against any and all claims, demands, actions or causes of action, on account of damage or loss to his/her personal property, his/her personal injury or death, or the bodily injury, death or damage to personal property of others caused by him/her, which occur or result directly or indirectly from his/her participation at and the use
of the UMM FITNESS CENTER, **INCLUDING, BUT NOT LIMITED TO, ANY AND ALL CLAIMS, DAMAGES, DEMANDS, ACTIONS OR CAUSES OF ACTION RESULTING FROM THE NEGLIGENCE OF THE UNIVERSITY, THE UNIVERSITY OF MAINE SYSTEM, ITS TRUSTEES, FACULTY, AGENTS, EMPLOYEES OR VOLUNTEERS.**
4. I understand that before my child starts any exercise program, I should consult with a physician. I declare that he/she is able to physically withstand and cope with the indicated rigors of the activities at the UMM FITNESS CENTER with or without a reasonable accommodation. If an accommodation is needed, I will contact UMM FITNESS CENTER staff.
5. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby. This

“Release and Assumption of Risk” shall remain in effect from the date hereof and on every occasion that my minor child participates at the UMM FITNESS CENTER. I acknowledge and accept responsibility for my minor child’s personal actions. I understand and accept that failure to comply with the UMM FITNESS CENTER safety policies and procedures may result in suspension and/or termination of my minor child’s access privileges to UMM FITNESS CENTER. In consideration for my child’s use of UMM FITNESS CENTER, I acknowledge that I agree that my minor child will abide by the UMM FITNESS CENTER policies as posted in the UMM FITNESS CENTER area. (Policies also available in individual printed format, copies available at the front desk.)

Signature of Parent or Legal Guardian

Agreed to ____/____/____
Month Day Year

Immunization Records Release

If your child attends Lubec Elementary and you would like to have your child’s immunization records released to Lubec Community Outreach Center, please fill out the form below:

I _____ the parent or legal gradian of _____.

Give my permission to Barbra Matthews School nurse at Lubec Elementary School permission to release a copy of my child immunization records to Lubec Community Outreach Center (LCOC).

Signature: _____

Date: _____