

Guiding Good Choices

Free workshop for parents and caregivers

A FREE five-part workshop (once per week for 5 weeks) for parents or caregivers of children ages 9-14. The program seeks to promote healthy youth development and to prevent teen alcohol, tobacco and other drug use by helping parents gain skills to:

- build family bonds,
- establish and reinforce clear and consistent guidelines and expectations for behavior,
- teach children skills to resist peer influence,
- improve family management practice,
- reduce family conflict.

Classes are offered on Tuesday evenings; beginning

October 6, 2009 and ending on November 3, 2009 from 6:00PM until 8:00PM.

At the Greenfield Youth Center, 20 Sanderson Street, Greenfield, MA. 01301

Meals and childcare provided

Pre registration is required and space is limited. Please completed the attached registration form and return to our office by:

October 1st, 2009 by 5:00PM.



For more information please visit our website
at www.greenfieldyouthcenter.org or

call Bryan Smith at (413) 775-0144 ext. 12.

Greenfield Youth Services



Guiding Good Choices Commission Program Registration Form

20 Sanderson Street, Greenfield, Mass. 01301 Telephone: (413) 775-0144

Fax: (413) 773-0115 Email: YouthCenter@Townofgreenfield.org

Applicant Information

Parent/Guardian: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Will Child care be necessary for your participation in this program?

Yes
 No

Please List Each Participant:

Name	Gender	Birth Date	Age	Program Name	Fee

Emergency Contact: _____ **Address:** _____
Phone: _____ **State:** _____ **Zip:** _____ **Relationship:** _____
 Please list any and all medical conditions; allergies, medications, etc., that would be important for the staff to be aware of: _____

In the event of medical emergency, I authorize the staff to seek medical attention as required. Further, I shall indemnify and hold harmless and hereby release, remise, and forever discharge the Town of Greenfield from any and all liability, suits, losses, cause of actions, and/or damage arising or occurring out of any said medical attention.

Parent//Guardian Signature: _____
Date: _____

Release and Waiver Agreement: I, the undersigned (insert legal relationship to child) _____ of (child's full name) _____, a minor, do hereby consent to my child's participation in voluntary athletic, recreation, or volunteer programs of the Town of Greenfield, Greenfield Community Youth Center; I also agree to forever release the Town of Greenfield, the Youth Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation, or volunteer programs of the Town of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation in the Town of Greenfield, Greenfield Community Youth Center's voluntary athletic, recreation, or volunteer programs. I also promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Greenfield, Greenfield Community Youth Center's voluntary athletic, recreation, or volunteer programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form

I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Greenfield, Greenfield Community Youth Center's athletic, recreation, or volunteer programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town athletic, recreation, or volunteer programs.

Signed _____, Parent or Legal Guardian of _____

Please also PRINT YOUR FULL NAME

Date / /

Office Use Only:

Has this been processed in RecTrac?: _____ Card printed?: _____ Amount Due: _____ Amount Received: _____ By: _____
 Cash: _____ Ck# _____