

**Lincoln Parks and Recreation**

# **YOUTH CENTER**

**COORDINATOR: ANDREW WADE**

**333-8416**

**OPEN ENROLLMENT THROUGH THE SCHOOL YEAR**



**Cost: FREE**

**Place: Lincoln Youth Center**

35 School Street; across from Albion Fire Sation

**Bring: Registration form signed by a parent or guardian**

**When: Wednesdays from 2-5pm starting Oct 5**

**Who: All 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup> graders**

**What is the Youth Center?**

A place for kids to be with friends; play pool, ping pong, foose ball, board games, video games, watch T.V. and movies, skateboard, play basketball, and go to the park. We also go on one trip a month to places like Six Flags, IMAX, Ropes Courses etc... We are open every Wed. afternoon and every other Friday night.

*The Lincoln Youth Center is open every Wednesday and two or three Friday nights a month. Your I.D. card is needed to get in on Friday nights. Transportation will only be provided on Wednesdays. The Fun bus will pick up at the middle school at 1:55pm and will drop off at the Youth Center. Those riding the bus will meet in the middle school gym. Transportation will be provided home only to those who have no other means of getting there. You may bring skateboards, roller blades, appropriate music, or anything else you wish to do while at the Youth Center. Helmets must be worn by all that are using the double rail.*

*Any questions contact Andrew Wade @ 333-8416.*

Name: \_\_\_\_\_ Circle: male female

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

Phone:(\_\_\_\_) \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Phone:(\_\_\_\_) \_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

I being the parent/guardian of the above named child hereby give approval to participate in the Youth Center Program. I understand and acknowledge that risk of injury exists in athletic activities. I assume all these risks and incidental hazards.

I hereby in agreement with Rhode Island General Law 7-6-9 waive, release, and indemnify and agree to hold harmless the Town of Lincoln, its officers, directors, agents, servants, coaches, employees, and volunteers, connected with said program. I also, hereby grant permission to the supervisor to obtain emergency medical care from any licensed medical personnel for the child named herein at such time as wither parent or legal guardian cannot be contacted.

**Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_**