



Every Neighborhood, One Mission...For 35 Years

MURPHY COMMUNITY CENTER

1 Worrell Street, Dorchester, MA 02122
Ph: 617-635-5150 Fax:617-635-5298
Email: info@murphycommunitycenter.org
Web: www.murphycommunitycenter.org

April Vacation Week – Youth Activity Registration Form

Youth Name: _____ Age: _____

Address: _____
Street Neighborhood/City State Zip

School Attending: _____ MCC MEMBER: YES / NO (please circle one)

Parent/ Guardian Name: _____

Telephone: (H) _____ (C) _____ (W) _____

Email: _____

SPECIAL NOTES:

Does your child have any special Medical Concerns (Allergies? Asthma?) that our staff should be aware of: If yes, please describe:

PLEASE CHECK WHICH ACTIVITIES YOUR CHILD WILL BE PARTICIPATING IN:

ACTIVITIES FOR YOUTH ages 4.9 - 7 YRS

- 4/21 10:30AM – 12:30PM BOARD GAMES
- 4/22 10:30AM – 12:30PM MOVIE & KICKBALL
- 4/23 10:30AM – 12:30PM OPEN GYM
- 4/24 10:30AM – 12:30PM ARTS&CRAFTS

ACTIVITIES FOR YOUTH ages 8 – 11 YRS

- 4/21 1:00PM – 3:00PM BOARD GAMES
- 4/22 1:00PM – 3:00PM MOVIE & KICKBALL
- 4/23 2:00PM – 4:00PM KICKBALL
- 4/23 4:00PM – 5:00PM MINI OLYMPICS
- 4/23 6:00PM – 7:00PM WATER POLO TOURNAMENT
- 4/24 1:00PM – 3:00PM ARTS & CRAFTS

LIABILITY RELEASE

I hereby authorize my son/ daughter to participate in the **MURPHY COMMUNITY CENTER'S APRIL VACTION WEEK ACTIVITIES** without restriction. I agree that I will not bring suit against nor hold liable the **MURPHY COMMUNITY CENTER/ BCYF/the CITY OF BOSTON and/or the RICHARD J MURPHY COMMUNITY COUNCIL, INC.**, including any of its officers, employees or agents or the sponsoring agency for property damage or personal injury incurred by myself or my son/ daughter through participation in the above mentioned activities/ programs. I also authorize the **MURPHY COMMUNITY CENTER/ BCYF** to take and use photos, slides, and recording of my son/daughter while he/she is participating in the **MURPHY COMMUNITY CENTER'S** activities.

Guardian Signature: _____ Date: _____



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April Vacation Week – Teen Activity Registration Form

Youth Name: _____ Age: _____

Address: _____
Street Neighborhood/City State Zip

School Attending: _____ MCC MEMBER: YES / NO (please circle one)

Parent/ Guardian Name: _____

Telephone: (H) _____ (C) _____ (W) _____

Email: _____

SPECIAL NOTES:

Does your child have any special Medical Concerns (Allergies? Asthma?) that our staff should be aware of: If yes, please describe:

PLEASE CHECK WHICH ACTIVITES YOUR TEEN WILL BE PARTICIPATING IN:

- 4/21 6:30PM – 7:30PM TEEN WATER POLO TOURNAMENT
- 4/22 9:00AM – 5:00PM TEEN SCAVENGER HUNT IN DOWNTOWN BOSTON
Teams of 10 will explore historic downtown Boston, following a series of clues to their next location. Prizes will be awarded to the winning team. Space is limited to 50 teens.
- 4/22 6:30PM – 7:30PM TEEN OPEN SWIM
- 4/23 11:00AM – 4:00PM ROLLERWORLD FIELD TRIP**
**We will be using the MCC Van to transport the teens, so space is limited on this trip.
- 4/23 5:30PM – 9:30PM TEEN 3 ON 3 BASKETBALL TOURNAMENT
\$5.00 Entry Fee per team
Prizes will be awarded to the winning team.
- 4/24 4:00PM – 9:30PM MURPHY OLYMPICS
Teens will compete in games, activities and challenges throughout the night. Prizes will be awarded to the teens with the top scores.

LIABILITY RELEASE

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Guardian Signature: _____ Date: _____