

# Do Good In Your Neighborhood

Annual Earth Day Clean Up – Saturday April 22nd

When: 8:30am – 1pm

Where: Meet @ Citizens Center (10 Welcome St.)  
then proceed to designated clean up locations

How: Register online at [www.haverhillrec.com](http://www.haverhillrec.com) to receive an official Earth Day Clean Up t-shirt\*

\*while supplies last

PLUS Register by Friday 4/21 to be entered into a raffle to win 1 of 2 entry level trail bikes & helmets, sponsored by



**FOR INQUIRIES CONTACT: [ICKYLABRODE@VERIZON.NET](mailto:ICKYLABRODE@VERIZON.NET)**  
**Find us on Facebook - Haverhill's Annual Earth Day Clean Up**

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## Thank you to our sponsors

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MAYOR JAMES FIORENTINI & CITY OF HAVERHILL



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**Justine Maguire, with:**

**kw**  
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**HEAV•NLY  
DONUTS**

## EARTH DAY CLEAN-UP PERMISSION SLIP/WAIVER

**WHAT:** City Wide Clean-up Event from Haverhill Parks and Rec

**WHERE:** Meet at Haverhill Citizens Center/Team Worksite

**WORKSITE:** Round Pond/Pentucket Lake - Between Lawrence Streets and Concord St 1-2 blocks from BCA Upper School

**WHEN:** **Meet:** 8:00am at Citizens Center

**Pick-up:** 12:00pm at Worksite

**WHO:** Open to all BCA Upper School students - event promoted by Student Council/Junior Rep. Vaishali Lucas Lebron

**QUESTIONS:** Email Vaishali: [virlucas-lebron@hotmail.com](mailto:virlucas-lebron@hotmail.com)

Email Gabriele: [troy.gabriele@bradfordchristianacademy.org](mailto:troy.gabriele@bradfordchristianacademy.org)

### Register For An Activity

#### 2017 City of Haverhill Earth Day Clean Up / Team Round Pond (pentucket Lake )

##### Participant Information:

\* = Required Fields

* First Name: <input type="text"/>	* Birth Date: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>
M.I. <input type="text"/>	* Gender: <input type="text"/>
* Last Name: <input type="text"/>	* Email Address: <input type="text"/>
* Address: <input type="text"/>	* Daytime Phone: <input type="text"/> Type: <input type="text"/>
* City: <input type="text"/>	* Evening Phone: <input type="text"/> Type: <input type="text"/>
* State: <input type="text"/> * Zip: <input type="text"/>	Cell Phone: <input type="text"/>

##### Emergency Contact Information:

* Contact: <input type="text"/>	* Relationship: <input type="text"/>
* Day Phone: <input type="text"/>	<input type="radio"/> Same As Daytime # <input type="radio"/> Same As Evening #
* Evening Phone: <input type="text"/>	<input type="radio"/> Same As Daytime # <input type="radio"/> Same As Evening #

Tee Shirt Size \_\_\_\_\_ (first 200 registrations overall get a tee shirt...you may or may not receive one)

##### IMPORTANT - LIABILITY WAIVER AGREEMENT

I understand the recreation dept. staff will not be liable or responsible for accidents medical or dental expenses incurred as a result of participation in any of these programs. In the event of injury or illness, the staff has my permission to seek emergency medical deemed necessary.

In event of injury or illness, the staff has my permission to seek emergency medical treatment deemed necessary. \_\_\_\_\_ (please initial here)

I authorize Haverhill Recreation to use Photographs of my child for promotional display \_\_\_\_\_ (Please initial here)

Parent or Gaurdian Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Check all that apply: \_\_\_\_\_ None

\_\_\_\_ Allergic to: \_\_\_\_\_

\_\_\_\_ Significant medical conditions and treatment: \_\_\_\_\_

\_\_\_\_ Needs to receive the following medication while on the trip: \_\_\_\_\_

Name of medication and Dose: \_\_\_\_\_ Time to be given: \_\_\_\_\_

If taking medication on the field trip you must check one below:

\_\_\_\_ Parent / guardian will deliver medication from home supply to the school

\_\_\_\_ Teacher should obtain this medication from my child's supply kept by the school nurse

I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist/supervise my child in taking the medications listed above, and I agree not to hold liable, any member of the school staff or an individual of official capacity who is directed by me and the school administrator to assist my child in taking said medication. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well being while on the field trip. My child has permission to attend the Haverhill Earth Day Clean Up April 22, 2017. I have completed the emergency information requested above (for your child's safety, all information requested must be provided in order for your child to attend).

\_\_\_\_ Parent / Guardian Signature

\_\_\_\_ Date

**Please Return Permission Slip to Vaishali or Gabriele by Thursday 4/14 to Attend!**



