

Andover Youth Services

AIRSOFT



The Andover Youth Services is looking for players to join the first ever AYS Airsoft Program. We will be playing a variety of scenario games locally on Friday afternoons for five weeks. Get your friends together and gear up for some fierce games this fall.

Given the nature of Airsoft, safety of the participants is our priority. Please read the detailed player contract and AYS emergency info sheet and be sure to completely fill out each form.

WHO: 7&8th graders from Andover

DATES: Oct 2, 9, 16, 23, 30

TIMES: 3:00-5:30pm

LIMIT: 20 players (must have own equipment)

COST: \$50

NECESSARY EQUIPMENT: airsoft gun (not provided), full face mask, long pants & shirt, bug spray, biodegradable pellets (.20). Bring all airsoft guns in a bag.

LOCATION: Blanchard Field – Please drop off participants at Dargoonian Farms, Blanchard St. An AYS representative will meet players and lead them to the field.

Airsoft Player Contract

I, _____, agree to the terms and conditions below. Please initial each line after reading.

- I must have an airsoft or paintball quality FULL FACE MASK to play.
- I must own an airsoft gun to be able to play. They cannot be borrowed.
- I will transport my airsoft gun in a bag to and from the field.
- I must use biodegradable pellets at EVERY field.
- I will bring my own pellets or money to buy them from people who are selling.
- I will wear long pants/shirt.
- I will use or bring and use bug spray to reduce the risk of Lyme disease.
- I will not use anything that is not mine without the owner's permission.
- I will learn the approved playing field boundaries from the host.
- I will respect and honor any additional rules of the hosts' field.
- I will not use offensive language.
- I will not push, shove, punch, kick, slap, karate chop, or throw objects.
- No intentional head shots.
- No shooting closer than 25 feet away. The maximum fps is 400.

The airsoft gun I will be playing with is _____ FPS w/.20_____
(please include brand, style, item # and FPS)

Player Signature: _____ Parent Signature: _____

Questions? Please call the AYS at 978.623.8241.

Permission and Emergency Information Sheet

Please write clearly

Child's name: first, middle initial, last

Street Address

Town and zip code home telephone

Parents email

Parents email

Mother's/guardian's name cell telephone

Father's/guardian's name cell telephone

Doctor's name telephone

Insurance Provider Policy #

Subscriber's name

Medical Information

Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any)

Behavioral Information

Please note any special recommendations/goals which would be helpful to the staff to understand:

T-shirt size (please circle one)

Youth large Adult: SM M L XL XXL

M F

Sex (circle one)

Birthdate

School attending

Age/Grade

In the case of an emergency, who shall we contact if a parent/guardian cannot be reached? We must have TWO people to call upon.

_____ (____)

_____ (____)

Parental Signature

I, the undersigned _____ (legal relationship) of _____ ("my child"), a minor, do hereby consent to my child's participation in voluntary programs of the Town of Andover's Youth Services Division.

On behalf of myself and my child, I also agree to forever release the Town of Andover, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Youth Services Division ("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 or property damage resulting from my child's participation in the Town of Andover's voluntary programs in the Youth Services Division.

On behalf of myself and my child, 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, arising directly or indirectly from my child's participation in the Town of Andover's voluntary programs in its Youth Services Division.

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 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 these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

Signed _____ Date _____

Andover Youth Services

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