



CITY -WIDE MIDDLE SCHOOL ACTIVITIES CLUB

A Recreational, Social and Fun Experience for
ALL Cambridge Middle School Students – Grades 6th, 7th, & 8th

Friday Night Roller Skating

Frisoli Youth Center,

61 Willow Street Cambridge MA 02141

Friday December 13, 2024, 6:15pm-9:30pm



Moses Youth Center 243 Harvard Street Cambridge, Ma	Moore Youth Center 12 Gilmore Street Cambridge, Ma	Frisoli Youth Center 61 Willow Street Cambridge, Ma	Gately Youth Center 70 R Rindge Ave Cambridge Ma	Russell Youth Center 680 Huron Ave Cambridge, Ma
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***Sandwiches/Food/Drinks*Crafts Making *Music*Fun**

Van Transportation will be provided

COST: Free (including Transportation and skates) **Permission Slip Due: [Wednesday December 11, 2024](#)**

You may bring your own skates or roller blades

Name _____ **Date:** _____

___My child will depart from the Russell Youth Center and pick up from the Frisoli Youth Center

___My child will depart from the Moore Youth Center and pick up from the Frisoli Youth Center

___My child will depart from the Gately Youth Center and pick up from the Gately Youth Center

___May Child will depart the Gately Youth Center and pick up from the Frisoli Youth Center

Register and sign-up at your local Youth Center – For more information.

**Please contact Patricia Bradshaw, (MS. B) Special Projects Manager with any questions, comments, or concerns call 857-259-0933, 617 349 – 1725 or email: pbradshaw@cambridgema.gov*

Parent(s)Name: _____ Cell Phone: _____

Parent(s)Email: _____ Please List Allergies and medications:

(Youth Cannot participate if guardian contact information is not current and signature is missing) Unless I opt-out by checking the line below, I hereby give CYP the right to record my child's/children participation and appearance on video, audio, film, photograph any other medium. Cambridge Youth Programs may reproduce, distribute, publicity display and or publicity perform, either electronically or by or by any other medium; and to allow others to do the same with the recordings mentioned above and or copies of materials produced during CYP activities in whole or in part and without restrictions or limitations for educational, marketing, and related not for profit purposes. **I wish to opt out of the media.** _____

Parent Signature: _____ **Date:** _____

Sponsored by the CAMBRIDGE YOUTH PROGRAMS/ DEPT. OF HUMAN SERVICES PROGRAMS

The City of Cambridge does not discriminate in providing services to youth and their families based on age, race, religion, national origin, political belief, sexual orientation, marital status, or disability. The Department of Human Service Programs will provide auxiliary aids and services, written materials in alternative languages, and reasonable modifications in policies and procedures to qualified individuals upon request. TTY/TDD (617) 492-0235 www.Cambridgema.gov/DHSPMSAC