FAYETTEVILLE RECREATION

REGISTRATION AND MEDICAL FORM

425 East Genesee Street
Fayetteville, NY 13066
(315) 637-4715

Participant's Name _____ Sex: M F DOB: _____ Grade this fall _____

Address _____ Zip _____

Legal parent/Guardian Name _____ Home Phone: _____
(if under 18)

Work Phone: _____ Cell Phone: _____

Emergency Contact _____ Phone _____ Relationship _____
(other than parent, an attempt will be made to contact a parent first)

PROGRAM _____ **Session / Dates** _____

MEDICAL INFORMATION: Please indicate if you ever had any of the following conditions and allergies.

HEALTH HISTORY	YES	NO	ALLERGIES	YES	NO
Asthma	____	____	Bees	____	____
Convulsions	____	____	Food	____	____
Diabetic	____	____	Penicillin	____	____
Epileptic	____	____	Other	____	____
Operations/ Injuries	____	____	Tetanus Current ?	____	____

Participant's Physician: _____ Phone # : _____

Medication taken at time of program _____

If yes to any of above, please explain _____

_____

List any program restrictions _____

IMPORTANT: Please notify the Recreation Department if child is exposed to any communicable disease during the 3 weeks prior to starting the program.

AUTHORIZATION: I/ We the parents / guardians of the above named Participant, hereby give my / our approval for his / her participation in any and all Recreation Commission activities. I / We assume all risks incidental to such participation, and I / We waive, release, absolve, indemnify and agree to hold harmless the Fayetteville Recreation Commission, it's director's, supervisors, agents, employees and participants, for any claim arising from injury to the Participant, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. In case of emergency, if our family physician cannot be reached, I / We hereby authorize treatment by another qualified, licensed physician who is available.

_____ _____ _____ _____
Father, Guardian or Participant Signature (over 18) Date Mother Signature Date

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Proof of Residency ☐ **OFFICE USE** Session 1 Session 2 Session 3 ALL

Date Received _____ Amount _____

Received by _____ Receipt # _____