

# 2016 Fayetteville Recreation SUMMER PLAYGROUND REGISTRATION & MEDICAL FORM

Please select programs you are registering for:

Playground - Play Camp (K-4) and Rec Camp (5-6)

- Session One: June 27 - July 8  
 Session Two: July 11 - July 22  
 Session Three: July 25 - August 5

- Middle School Summer Musical (Grades 5-7)  
 Musical Theater Workshop (Grades 8-10)

Extended Day (K-6)

- July 11 - July 14  
 July 18 - July 21 (Kid's Yoga)  
 July 25 - July 28  
 August 1 - August 4 (Kid's Yoga)

Participant's Name \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ (in the fall)

Parent/Legal Guardian Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

T-shirt Size (Playground Camp): Youth S M L XL Adult S M L (circle one)

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

Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\* All Playground Participants must provide a current Immunization Record with this form \*\*\***

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

<u>HEALTH HISTORY</u>	YES	NO	<u>ALLERGIES</u>	YES	NO
Asthma	_____	_____	Bees	_____	_____
Diabetic	_____	_____	Food	_____	_____
Epileptic	_____	_____	Penicillin	_____	_____
Operations/Injuries	_____	_____	Other	_____	_____

If yes to any of above, please explain \_\_\_\_\_

Please list any program restrictions and/ or any medication taken at time of program:  
 \_\_\_\_\_

**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 names 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 We waive, release, absolve, indemnify and agree to hold harmless the Fayetteville Recreation Commission, its directors, 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.

\_\_\_\_\_  
**Parent / Guardian Signature** **Date** Secondary Parent / Guardian Signature Date

**PHOTO RELEASE (optional):** I grant to Fayetteville Recreation, the right to take photographs of myself & children in connection with Fayetteville Recreation's programs & event. I authorize Fayetteville Recreation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Fayetteville Recreation may use such photographs with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
**Parent / Guardian Signature** **Date**

**Please send completed form with payment to : Fayetteville Recreation 425 E. Genesee St, Fayetteville, NY 13066**

Village of Fayetteville residents are given priority to register for programs.  
 Village residents may begin to register on April 4th and Non-residents may begin to register on April 18th.  
 All registration for all summer programs **MUST BE DONE BY MAIL** or placed in the Recreation Office drop box.  
 Only postmarked forms can be accepted first come, first served .  
 All forms are available at the Recreation Office or can be downloaded;  
 Fayetteville Recreation website: [www.FayettevilleRecreation.org](http://www.FayettevilleRecreation.org).