TOWN OF MANLIUS RECREATION DEPARTMENT
REGISTRATION AND MEDICAL FORM

(315) 637-5188

Return with payment to:
301 Brooklea Drive, Fayetteville, NY 13066

One form per person, per activity. Separate checks for separate programs/trips.

For more information on programs please see our website www.townofmanlius.org

OFFICE USE ONLY

FEE PAID _____ DATE_____

CASH_____ CHECK # _____

RECEIVED BY _____

CHECK NAME _____

Participant's Name_____ Date of Birth _____ Grade ____

Gender M/F _____ E-Mail Address _____

Address _____ Town/City _____ Zip _____

Parent/Legal Guardian Name _____
(if under 18)

Home Phone _____ Work Phone _____ Cell Phone _____

Physician Name _____ Phone _____

Emergency Name _____ Phone _____ Relationship _____
(Minors: Someone other than parent, staff will attempt to contact parent first . Over 18: Someone to contact in an emergency.)

Program _____ Dates _____

Please fill out the questions in this box that apply to your program:
*INFORMATION FOR **TRIPS**: Bus Pick-Up if applicable_____ Food Choice if applicable_____
*If program **provides babysitting** how many children will you be bringing? _____
*If sports camp/program **provides T-shirt** - what size shirt would you like? _____

MEDICAL INFORMATION:

HEALTH HISTORY: (check if apply) Asthma _____ Diabetic _____ Epileptic _____ Heart Condition _____

ALLERGIES: (check if yes) Bees ____ Penicillin ____ Other _____

If checked any health history above, please explain_____

Additional pertinent medical information _____

Medication taken at time of program _____

IMPORTANT: Please notify the recreation department if participant has been exposed to any communicable disease during the three weeks prior to starting program.

AUTHORIZATION: This health history is correct as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician and/or hospital selected by the answering ambulance in compliance with Onondaga County Health Regulations to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me/my child as named above.

This form will be on file in the recreation office with a copy at the site/program. In the event of an emergency, this form will accompany the person herein described to the treatment facility. Therefore, it is important that the information is completely filled out, legible and accurate.

In consideration of being permitted to participate in this program, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims of any kind that I may have against the Town of Manlius and/or the Town of Manlius Recreation Department, including, without limitations, rights, or claims alleged to arise out of injury, illness, or property loss suffered by me/my child which might occur while participating in this program.

Signature _____ Date _____

(participant if over 18; parent/guardian if participant under 18)

FOR OFFICE USE ONLY FOR THOSE PROGRAMS WITH CONTINUING SESSIONS OR MUTIPLE PAYMENTS FOR TRIPS

SESSION _____	SESSION _____	SESSION _____	SESSION _____
FEE PAID _____ DATE_____	FEE PAID _____ DATE_____	FEE PAID _____ DATE_____	FEE PAID _____ DATE_____
CASH_____ CHECK # _____	CASH_____ CHECK # _____	CASH_____ CHECK # _____	CASH_____ CHECK # _____
REC. BY _____ CK NAME _____	REC. BY _____ CK NAME _____	REC. BY _____ CK NAME _____	REC. BY _____ CK NAME _____