



(315)637-5188

TOWN OF MANLIUS RECREATION DEPARTMENT
301 Brooklea Drive, Fayetteville, NY 13066
SUMMER PLAYGROUND REGISTRATION

| OFFICE USE ONLY | |
|-----------------|-----------------|
| Session I | _____ |
| Session II | _____ |
| Both Sessions | _____ |
| # of Children | _____ |
| Fee Paid | _____ |
| Cash | _____ Ck# _____ |
| Received by | _____ |
| Date | _____ |

NAME _____

Last

First

GRADE IN FALL _____ PLAYGROUND SITE _____

BIRTH DATE _____ SEX _____ AGE _____ HOME PHONE _____

ADDRESS _____

& Street

City/Town

Zip

PARENTS/LEGAL GUARDIANS _____ WORK PHONE _____

WORK PHONE _____

Every attempt will be made to contact a parent/legal guardian in an emergency.

Please list 2 other people to contact if we are unable to reach the above listed parents/legal guardians.

EMERGENCY NAME 1. _____ PHONE _____ RELATIONSHIP _____
(other than parent)

2. _____ PHONE _____ RELATIONSHIP _____

NAME OF PHYSICIAN _____ PHONE _____

MEDICAL INFORMATION

| | | | | | | | |
|---|-------|-------|-------------------|-------------------|----------|-----------|-------------------|
| Health History: | No | Yes | (If yes, explain) | Allergies: | No | Yes | (If yes, explain) |
| Diabetic | _____ | _____ | _____ | Bee Stings | _____ | _____ | _____ |
| Epileptic | _____ | _____ | _____ | Poison Ivy | _____ | _____ | _____ |
| Convulsions | _____ | _____ | _____ | Penicillin | _____ | _____ | _____ |
| Rheumatic Fever | _____ | _____ | _____ | Other Drugs | _____ | _____ | _____ |
| Ear Infections | _____ | _____ | _____ | | | | |
| Operations/Injuries | _____ | _____ | _____ | Tetanus Current | No _____ | Yes _____ | Date: _____ |
| Will your child be taking any medication during the program (if yes, explain) | | | | No | _____ | Yes | _____ |

IMPORTANT: Please notify the recreation department if child has been exposed to any communicable disease. Anything else we should know about your child? _____

| | |
|---|------------|
| PUBLICITY AUTHORIZATION: I authorize use of pictures and/or video taken at the above program, of the participant, to be used in media such as newspapers, annual reports and other forms of publicity. | |
| Signature _____ | Date _____ |

Parent's Authorization: This health history is correct so far 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 my child as named above. This form will be on file in the recreation office with a copy at the program site. 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 _____