



Town of Manlius  
Recreation Department  
301 Brooklea Drive  
Fayetteville, NY 13066  
(315) 637-5188

## TOWN OF MANLIUS RECREATION DEPARTMENT

### LEARN TO SWIM PROGRAM AT GREEN LAKES STATE PARK

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

**NAME** \_\_\_\_\_  
Last First

**AGE** \_\_\_\_\_ **GRADE IN FALL** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PARENTS/LEGAL GUARDIANS** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_

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

*Please list 1 other person to contact if we are unable to reach the above listed parent/legal guardians.*

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**NAME OF PHYSICIAN** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PUBLICITIY AUTHORIZATION:** I authorize the use of pictures and/or video taken of the participant to be used in media such as newspapers, annual reports, brochures and other forms of publicity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

| SESSION I |             |
|-----------|-------------|
| 10:00 AM  | LEVEL _____ |
| 11:00 AM  | LEVEL _____ |

| SESSION II |             |
|------------|-------------|
| 10:00 AM   | LEVEL _____ |
| 11:00 AM   | LEVEL _____ |

| PRE-K WEEK | 1 | 2 | 3 | 4 | 5 | 6 |
|------------|---|---|---|---|---|---|
| 10:00 AM   |   |   |   |   |   |   |
| 11:00 AM   |   |   |   |   |   |   |

#### AUTHORIZED PICK UP PEOPLE

I understand that my child will not be released to anyone other than the following listed people. If someone else is to pick up my child, I will call the recreation office at least 24 hours in advance. Children must be checked in and out each day with their instructor. **Please include parent/guardians names on this list.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

#### MEDICAL INFORMATION AND HEALTH HISTORY

|  | No    | Yes   | (If yes, explain) | Allergies:   | No    | Yes   | (If yes, explain) |
|--|-------|-------|-------------------|--|-------|-------|-------------------|
| Diabetic   | _____ | _____ | _____             | Bees   | _____ | _____ | _____             |
| Epileptic  | _____ | _____ | _____             | Poison Ivy   | _____ | _____ | _____             |
| Convulsions  | _____ | _____ | _____             | Penicillin   | _____ | _____ | _____             |
| Rheumatic Fever  | _____ | _____ | _____             | Other Drugs  | _____ | _____ | _____             |
| Ear Infections/tubes?  | _____ | _____ | _____             | Anything Else  | _____ | _____ | _____             |
| Operations/  | _____ | _____ | _____             | Tetanus current?   | _____ | _____ | _____             |
| Injuries   | _____ | _____ | _____             | Wears glasses or contact lenses? No _____ Yes _____ During lesson? _____ |       |       |                   |
| Will child be taking any medication during the program? No _____ Yes _____ (If yes, explain) _____ |       |       |                   |  |       |       |                   |

Anything else we should know about your child? \_\_\_\_\_

**PARENTS AUTHORIZATION:** This health history is correct so far as I know, the person herein described has permission to engage in all described 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 at the program site with a copy on file at the recreation office. In the event of an emergency this form will accompany herein described to the treatment facility. Therefore it is important that the information is complete, 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 Town of Manlius Recreation Department, including, without limitations, rights or claim alleged to arise out of injury, illness or property loss suffered by me/my child which may occur while participating in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_