



(315)637-5188

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

Office Staff Only
of Children
Fee Paid
Cash Ck#
Received by
Date

NAME Last First Session I or Session II Both Sessions

GRADE IN FALL PLAYGROUND SITE

BIRTH DATE SEX AGE HOME PHONE

ADDRESS # & Street City/Town Zip

PARENTS/LEGAL GUARDIANS WORK/CELL PHONE

WORK/CELL PHONE

PARENT EMAIL:

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?

PLEASE PROVIDE A COPY OF CHILDS IMMUNIZATION RECORD

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 pre-scribed 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

White - Site Copy

Yellow - Office Copy

Pink - Registrant's Copy