Town of Manlius
Recreation Dept.
301 Brooklea Drive
Fayetteville, NY 13066
(315) 637-5188
www.townofmanlius.org

TOWN OF MANLIUS RECREATION DEPARTMENT
REGISTRATION AND MEDICAL FORM

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 _____

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 _____

PUBLICITY AUTHORIZATION: I authorize use of pictures and/or video taken at the above program, of participant, to be used in media such as newspapers, brochures and other forms of publicity.

Signature _____ Date _____
(participant if over 18; parent/guardian if under 18)

INFORMATION FOR TRIPS:
Bus Pick-Up if applicable _____
Food Choice if applicable _____

MEDICAL INFORMATION:

Health History	YES	NO
Asthma	☐	☐
Diabetic	☐	☐
Epileptic	☐	☐
Heart Condition	☐	☐

Allergies	YES	NO
Bees	☐	☐
Penicillin	☐	☐
Other	☐	☐
Tetanus Current?	☐	☐

If yes to health history above, please explain _____

Additional pertinent medical information _____

Medication taken at time of program _____
(If more space is needed for any above questions please attach additional sheet)

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)