



CITY OF ONEIDA
DEPARTMENT OF PARKS AND RECREATION
 ONEIDA RECREATION CENTER, 217 CEDAR STREET
 ONEIDA, NEW YORK 13421
 Telephone: (315) 363-3590 Fax: (315) 363-6062
 www.oneidacity.com

Program Registration Form

Name: _____ Age: _____ Date of Birth: _____ M/F _____

Address: _____ Phone # _____

City, State & Zip Code: _____ School: _____ Grade: _____

Email Address: _____ **Contact me for:** This Program Only _____ E-Blasts _____

Doctors Name: _____ Emergency Name: _____

Doctors Phone: _____ Emergency Phone: _____

Any Allergies, Special Needs: _____ Mothers Name: _____

Current Medications: Please list _____ Fathers Name: _____

Immunizations Current? Yes or No **A Copy Of Immunization Record May Be Required**

Participate In Program Before? Yes or No Team Name /Color: _____

Shirt Size: (Please Circle One) Youth Med (10/12) Youth Large (14-16)
 Adult: Small (32-34) Medium (36-38) Large (40-42) Extra Large (44-46)

Program(s) Registering For:	<u>Fee</u>	<u>Fee</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Volunteer (please print name):

Coach: _____ Asst. Coach: _____ Other: _____

Medical Consent: As the parent/guardian of the above named minor, I here by give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

 Signature of Parent/Guardian Date

Participant Consent: I give complete permission to the above named person to participate in the City of Oneida Recreation and Youth Services Department program(s) listed above and certify that all information on this form is complete and accurate. I understand that there is no accident insurance in this program and I assume full responsibility for any injury sustained.

 Signature of Parent/Guardian Date

OFFICE USE ONLY:

Paid: _____ **Cash/Check #:** _____ **Intl:** _____