



Syracuse Department of Parks, Recreation & Youth Programs

412 Spencer Street • Syracuse, NY • 13204

REGISTRATION FORM

Classes • Clinics • Camps • Leagues

Personal Information

Participant First Name	Participant Last Name	D.O.B. (MM, DD, YYYY)	Gender
Street Address			
City	State	Zip	
Primary Phone	Work Phone	Mobile Phone	
Primary Email		Secondary Email	
Would you like to receive text alerts? (circle one) Yes / No	If yes, please list your mobile phone provider	Would you like to receive bulk emails? (circle one) Yes / No	

Parent or Guardian Information

Required for all participants under the age of 18

First Name	Last Name
Primary Phone Number	
D.O.B. (MM, DD, YYYY)	Gender

Emergency Contact Information

First Name	Last Name
Primary Phone Number	
Relationship to Participant	

Registration Information

Class/Clinic/Camp/League Name	Program Dates	Program Time	Program Level
Class/Clinic/Camp/League Name	Program Dates	Program Time	Program Level
Class/Clinic/Camp/League Name	Program Dates	Program Time	Program Level
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Special Accommodations

Does the participant have any allergies / medical conditions that we should be made aware of? (circle one) Yes / No
Does the participant require any specific support or accommodations to participate in our programs? (circle one) Yes / No
If yes to either question above, please describe, and contact our office so we can find the best way to give our support at 315-473-4330.



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_____ I, individually or on behalf of my child / ward, understand and acknowledge that the program I/my child/ward am/is participating in involves physical activity. I understand and acknowledge that recreational activities are potentially hazardous and may result in injury or death. I/my child/ward am/is voluntarily participating in these activities with knowledge of the potential dangers involved. I/my child/ward agree(s) to assume any and all risks of injury or death arising from my/my child/ward's voluntary participation in these activities.

_____ I, individually or on behalf of my child/ward, release the City of Syracuse, its employees, agents, officers, volunteers, and authorized representatives from any and all liability, loss, damage, and/or expense that arises directly or indirectly as a result of my/my child/ward's participation in a City program at a City community center, camp, clinic, practice, and/or event in or on City property, or transportation to or from any City recreational program or property.

_____ I give permission to licensed physicians, lifeguards, or other necessary medical personnel to carry out emergency medical treatment deemed necessary to myself/my child/ward when normal permission is unavailable. I certify that I/my child/ward is in good physical health and have/has no limitation which may predispose myself/my child/ward to risk during my/his/her participation in any City program or on any City property. I, individually or on behalf of any child/ward, release the City of Syracuse and all its employees, agents, officers, volunteers, and authorized representatives from any and all claims that may arise as a result of any first aid, medical treatment, or medical service provided to me or my child/ward in connection with any injury that arises from my/my child/ward's participation in any City program or use of City property.

_____ I understand that if I or my child/ward prevents staff from safely supervising children, or becomes harmful to my/him/herself, staff, other participants, or animals, I or my child/ward may be released from the program without a refund. If this occurs, I understand that I or the designated emergency contact will be responsible for taking myself or my child/ward home from the program at any time. Refunds will not be given to participants removed due to behavior issues or homesickness.

_____ I understand that I or my child/ward's photograph may be taken by a City employee or authorized City representative while they are participating in a City program at a community center, camp, clinic, practice, and/or event in or on City property. I consent to the publication and use of my/my child/ward's likeness for promotional or advertising purposes, which may include but is not limited to: brochures, broadcasts, publications, reports, web pages, or any other audio-visual, electronic, printed, tangible work in any media or format, or other manner or media maintained by the City of Syracuse. Likeness includes but is not limited to: names, photographs, sounds, video recording, and/or quoted language. Involved material is and will remain the property of the City of Syracuse. Neither I, nor my child/ward, shall have any right to review or approve the use of my child's likeness in such material. I understand that neither I, nor my child/ward, will receive compensation in exchange for the use of my child/ward's likeness.

_____ I verify that I am eighteen (18) years of age or older. If I am a parent/guardian signing on behalf of my child/ward, I verify that the contents of this waiver have been explained to the participant that I am signing on behalf of, and that the participant understands such contents.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENT. I ACKNOWLEDGE AND UNDERSTAND THAT THIS WAIVER IS BINDING UPON MYSELF, MY CHILDREN, WARD, HEIRS, EXECUTORS, LEGAL REPRESENTATIVES, ASSIGNS, AND ADMINISTRATORS, AND SIGN IT WITH MY OWN FREE WILL.

Signature

Date:

Print Name

Child/ward's name (if signing on behalf of anyone under the age of 18)