



Ben Walsh, Mayor  
Julie LaFave, Deputy Commissioner

MONTH/YEAR: \_\_\_\_ / \_\_\_\_  
Park / Center: \_\_\_\_\_

### Participant Information Form

CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT OR GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE/ CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

*I give my permission for my child \_\_\_\_\_ to participate in the City of Syracuse Parks and Recreation Department's Recreation Program for this current year. I also give my permission for Syracuse Parks, Recreation & Youth Programs to use printed materials and /or any photograph from any event that includes my child.*

*I understand that the City of Syracuse Parks, Recreation & Youth Programs operates a drop-in program at the Park/ School / Community Center, and that no space is guaranteed for my child on any particular day.*

*I understand that the City of Syracuse Department of Parks, Recreation & Youth Programs strongly recommends an annual medical examination before my child participates in any strenuous activity such as, but not limited to, swimming, basketball, ping-pong, dance, fitness, weightlifting, etc. My child is presently in good condition and has had no serious illness or surgery since her/his last health examination.*

*I give my permission to the Recreation Aides to take any action necessary in my child's best interest; I also give my permission to local doctors and/or hospitals to administer proper medical assistance should the need arise.*

I give my child permission to participate in Fitness and Wellness programs during the year \_\_\_\_

-Does your child have any allergies /medical conditions that we should be made aware of? No \_\_\_ Yes \_\_\_  
-Does your child require any specific supports or accommodations to participate ? No \_\_\_ Yes \_\_\_  
If yes please describe, or contact our office at 315-473-4330:  
\_\_\_\_\_  
\_\_\_\_\_

Ethnicity: \_\_\_ Black \_\_\_ White \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Native American \_\_\_ Other

**WAIVER.** *In consideration of my child's participation in recreational activities at the Community Center, I hereby release the City of Syracuse and all its officers, employees and agents from any claims, liabilities, damages or expenses that my child or I may incur relating to my child's participation in any program event(s), including transportation to and from any such event.*

\_\_\_\_\_  
Parent/Guardian Signature / /  
Date





## **DROP-IN RECREATION for Youth**

This Community Center, operated by the Department of Parks, Recreation, and Youth Programs, maintains a “Drop-In” Recreation Policy during its hours of operation. Except for instances that are specifically noted, the following policy applies:

- The drop-in program operates on a first-come, first serve basis. The Department is not responsible for maintaining a slot for any child on any particular date, and permits youth to arrive at and depart from the program at their own volition and at unscheduled times. Recreation staff prepares a variety of games and activities for children that are in attendance on any given day.
- The Department of Parks, Recreation, and Youth Programs is not responsible for providing care beyond basic supervision, nor is it responsible for monitoring attendance, arrival, or departure. Any records maintained (*ie. participant information forms*) are done so for basic safety, security and for evaluative purposes
- There may be occasions when a child wishes to attend the program and we have met our maximum number for the day. In this case, attendance will not be possible for the child. As such, under no circumstances, should a parent substitute attendance at this program for regularly scheduled childcare.
- **AGE REQUIREMENT:** Children must be at least 7 years of age to participate in drop-in programming at this center. “Drop-in” activities are designed for children 7 years of age and older, and may not be appropriate for younger children.

*\*\*\*Please note that, for planning purposes, special events and/or field trips may require advanced registration and parental permission. Advanced notification will be given in such instances\*\*\**

My signature, affixed below, affirms that I have read the “Drop-In” Recreation policy statement above, and that I understand all parts of the policy.

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Signature of Parent or Guardian

Date