



SYRACUSE PARKS & RECREATION YOUTH CAMP/CLINIC REGISTRATION FORM Summer 2017

1 child per registration form

PARTICIPANT INFORMATION

Name: _____ Gender: Male or Female

Date of Birth: ____/____/____ School: _____ Current Grade: _____

Street Address: _____ Zip Code: _____

Parent/Guardian Name: _____ Relationship to child: _____

E-mail Address: _____

* (All confirmations and correspondences will be emailed)

Phone # 1: _____ Provider (for texts): _____
e.g. (315) 555-5555/Mom's Cell E.g. Verizon, Sprint

Phone # 2: _____ Provider (for texts): _____
e.g. (315) 555-5555/Dad's Cell E.g. Verizon, Sprint

Allergies: _____

We are dedicated to serving all members of all abilities throughout our programs and services. Does your child require any specific supports or accommodations to participate in our programs? Our staff is eager to learn. Please describe:

EMERGENCY INFORMATION (other than parent/guardian):

Emergency Contact (other than parent/guardian):

Name: _____ Phone: _____ Relationship to Child: _____

PICK-UP/DROP-OFF INFORMATION (other than those listed above)

Please list the individuals allowed to pick up your child.

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

TRANSPORTATION INFORMATION - FULL-DAY CAMPS ONLY

The City will provide free, supervised bus transportation to all full-day camps from the pick-up sites listed below, as space permits, if stated in the camp description. BUS SITES TO CHOOSE FROM: Barry Park Field House; Burnet Park (to the right of the Arts & Crafts Facility); Kirk Park Community Center; Huntington School; Meachem Park (near the tennis courts); Onondaga Park (At the top of the staircase leading down to the pool); McChesney Park Playground; Schiller Park Community Center; Soule Branch Library; Wilson Park Community Center.

Schedules are based on registrations and will be posted online five business days prior to each camp. The schedules can be found at <http://www.syracuse.ny.us/parks/messageBoard.html>. Please, do not forget to check EACH week. The bus site must remain consistent throughout the summer. We try our best to keep to the times assigned however unforeseen circumstances may result in the bus arriving later or earlier than scheduled. We ask that you have your child to the bus stop 10 minutes prior to the scheduled pick-up. We also ask that you be on site 10 minutes prior to the scheduled drop-off. The safety of the children to and from the stops is the responsibility of the parent/guardian so please plan accordingly.

Will your child be using our transportation? **CIRCLE ONE: YES OR NO** (if nothing is circled or a site is not listed, we will not schedule your child for a pickup)

CHOOSE 1 SITE ONLY: _____

CAMP/CLINIC/LEAGUE INFORMATION

Program	Session	Dates	Fee
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

PLEASE MAKE CHECKS PAYABLE TO: COMMISSIONER OF FINANCE Total Amount: \$ _____

Complete payment is due at the time of registration. All cash, checks and money orders will be deposited immediately upon receipt. Please note, it may take several days for your check to post. If a registration form is submitted requesting programs that have reached capacity or, programs that are non age-appropriate, we will process all valid requests and issue a refund for any invalid requests. Please review our refund policy as it can take up to 4 to 6 weeks for processing. The refund check will be mailed to the address and the parent/guardian listed on the application. No exceptions will be made and no 3rd party payments will be accepted. Before submitting a camp registration and payment, please be sure your child meets all age requirements.

WAIT LIST

If a program is full and you wish to wait list your child (age-appropriate only) please check on of the following:

Wait list without payment: If a spot becomes available, you will receive a phone call. You will have until the close of business on that day to come in and make a payment. If you do not come in, we will move to the next name on the list.

Wait list with payment: Payment will be processed immediately and will be applied as space becomes available. If a spot does not become available, the money will remain on your account unless you request a refund, in writing.

WAIVERS - additional waivers will be requested

WAIVER: I understand that I have signed my child/ward up for the Department of Parks, Recreation and Youth Programs, yet, I take full responsibility for my child's/ward's actions and physical conditions. I agree to indemnify and to hold the City of Syracuse, County of Onondaga and all its officers, employees and agents including but limited to, The Ultimate Goal, LLC, Rosamond Gifford Zoo, Onondaga County, Friends of the Zoo, Central New York Tennis Association, The M.O.S.T., The Red House, Bricks 4 Kidz, and Syracuse University Department of Recreation Services harmless from any liability, loss (including and personal or property damage), cost of expenses (including, but not limited to, attorney's fees, medical and ambulance costs etc.) that may arise while they are participating at a community center, camp, clinic, practice, and/or event in or on city property. I also understand and agree that my child's/ward's photograph may be taken while they are participating at a community center, camp, clinic, practice, and/or event in or on city property, and such photos may be used for promotional publication purposes. I hereby release the City of Syracuse, County of Onondaga and all its officers, employees and agents including but not limited to the Ultimate Goal LLC, Rosamond Gifford Zoo, Onondaga County, Friends of the Zoo, Central New York Tennis Association, The M.O.S.T., The Red House, Bricks 4 Kidz, and Syracuse University Department of Recreation Services from any responsibility or liability in connection with my child's participation at a community center, camp, clinic, practice, and/or event in or on city property. I give permission to a licensed physician or other hospital staff members to carry out emergency medical deemed necessary to myself/child/ward when normal permission is unavailable. I certify that my child/ward is in good physical health and has no limitation which may predispose my child/ward to risk during his/her participation at a community center, camp, clinic, practice, and/or event in or on city property. I understand that if my child prevents staff from safely supervising children, or becomes harmful to him/herself, staff, other campers, or animals, this child may be released from camp for one or more days without a refund. If this occurs, I understand that I myself or the designated emergency contact will be responsible for taking my child home from camp at any time during the camp day. Refunds will not be given for campers removed due to behavior issues or homesickness.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

OFFICE USE ONLY

Date Received: _____ Initials: _____ Payment Type & Check #: _____ Total Amount: _____

Notes: