Town of Sullivan Parks & Recreation Department

707 Legion Drive, Chittenango, NY 13037 315-687-3471

One Form Per Child Per Program

NAME OF PROGRAM _____

NAME _____ AGE _____ DATE OF BIRTH _____ GRADE _____ SEX _____

ADDRESS _____ CITY _____ ZIP _____PHONE _____

MOTHER'S CELL _____ FATHER'S CELL _____ EMERG. NO. _____ E-MAIL_____

MOTHER'S NAME _____ FATHER'S NAME _____

DR. NAME _____ DR. PHONE NUMBER _____

GROUP HEALTH CARRIER _____ POLICY/GROUP NUMBER _____

ANY ALLERGIES, SPECIAL CONDITIONS, OR DISABILITIES? _____

IS PARTICIPANT CURRENTLY TAKING MEDICATIONS? YES, SPECIFY _____

T-SHIRT SIZE - CIRCLE ONE - ☐ YTH LG (14 - 16) ☐ ADT SM (32 - 34) ☐ ADT MED (36 - 38) ☐ ADT LG (40 - 42) ☐ ADT XLG (44 - 46)

I give complete permission to the above named person to participate in the Town of Sullivan Parks & Recreation/SCC program listed above, and certify that all information on this form is complete and accurate.

_____

SIGNATURE OF PARENT/GUARDIAN DATE

MEDICAL EMERGENCY CONSENT: As the parent/guardian of the above named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor or 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

(OFFICIAL USE ONLY)

PAID_____ CASH/CHECK# _____ WOULD YOU LIKE TO VOLUNTEER? NAME_____

Please use the space below for additional information: