

TOWN OF CICERO PARKS AND RECREATION DEPARTMENT

YOUTH REGISTRATION FORM

Parent (Legal Guardian) Name: _____

Address _____ City _____ Zip Code _____ Home

Phone _____

Daytime Phone/Contact Name: _____

Emergency Contact(other than Parent): _____

Phone _____ Relationship to Participant(s): _____

<u>PARTICIPANT NAME</u>	<u>M/F</u>	<u>BIRTHDATE</u> <u>MO/DA/YR</u>	<u>AGE/</u> <u>GRADE LEVEL</u>	<u>PROGRAM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List with child's name any allergies, medications or medical problems.

I _____ being the parent or legal guardian of the above-named participant(s) accept full responsibility for any and all injuries which may arise out of his or her participation in programs offered by the Town of Cicero and hereby release the Town of Cicero, its agents and/or employees from any claims of any nature whatsoever arising out of my child's participation. Consent is hereby granted to allow my child(ren) to participate in the program(s) listed above. **Pictures and other materials which include my child(ren) may be used for Town of Cicero promotional purposes. I will adhere to any and all implemented policies and procedures or my child will be removed from the program. No refund will be issued. Program dates are subject to change or cancellation based on North Syracuse Central School District programming or closures. I have read, understand and agree to the above guidelines.**

PARENT SIGNATURE _____ DATE _____

TOTAL FEE ENCLOSED \$ _____

REFUND POLICY: No refunds will be given once a program begins. If a refund is requested before the program begins, a \$5.00 administrative fee will be deducted from your refund.

OFFICE USE ONLY: FEE \$ _____ CA/ CK # _____ COMPUTER # _____
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