

Cicero Parks & Recreation Extended Care
Cicero Family Sports Center SUMMER CAMP - 2010 REGISTRATION FORM

Child's Name _____ Age _____ DOB _____

Address _____

City _____ Zip _____

Parent's Name(s) _____

Mom Phone (home) _____ (work) _____ (cell) _____

Dad Phone (home) _____ (work) _____ (cell) _____

Emergency Contact/ Authorized Pick-Up _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact/ Authorized Pick-Up _____

Phone (home) _____ (work) _____ (cell) _____

Please circle the week(s) and day(s) your child will be attending.

Please read the Parent Handbook for policies regarding registration.

Camp Weeks	Days Attending?	Fee
Wk 1. June 28- July 2	M T W TH F	\$40
Wk 2. July 5- 9	T W TH F	\$35 (Not offered on July 5)
Wk 3. July 12- 16	M T W TH F	\$40
Wk 4. July 19- 23	M T W TH F	\$40
Wk 5. July 26- 30	M T W TH F	\$40
Wk 6. Aug. 2- 6	M T W TH F	\$40

Methods of Payment: (circle one)

Cash

Check, made payable to "Town of Cicero"

Liability Waiver: The participants and guardians agree Cicero Sports coaches, staff, and instructors will not be held responsible for any incidents or loss, however caused, and agree to release the program directors and proprietors of Cicero Sports from all claims or damages which may arise as a result of any or such accidents or loss.

Signature _____ **Date** _____

Parent/ Guardian Handbook: I have received and read the Cicero Family Sports Center's Summer Camp 2010 Parent/ Guardian Handbook. **I agree to abide by all policies and procedures as stated therein.**

Signature _____ **Date** _____

Cicero Family Sports Center SUMMER CAMP - 2010 HEALTH EVALUATION

Child's Name _____ Sex (Circle One) Male / Female

Health Insurance Information:

Insurance Company _____ Policy # _____

Health History: To Be Completed By the Parent/Guardian (Check all that are applicable)

Asthma _____ Diabetes _____ Hearing _____ Vision _____
Learning Disabilities _____ Emotional Behavior _____
Other _____

Allergies:

Hay Fever _____ Poison Ivy _____ Insect Bites _____
Foods _____
Other _____

Previous Injuries or Illness that Would Restrict Play at Cicero Family Sports Center: _____

PARENT/GUARDIAN AUTHORIZATION: To the best of my knowledge this health history is correct and the designated child may engage in all school activities (except where noted by me or my examining physician). In an emergency I authorize the Staff of Cicero Family Sports Center to act for me according to his/her best judgment where medical treatment is required. **I accept full responsibility for all medical bills resulting from the illness or injury while my child is attending Cicero Family Sports Center.**

Signature _____ **Date** _____

FOR FAMILY PHYSICIAN:

IMMUNIZATION HISTORY (NYS Health Department requires month and year):

DPT Series _____, _____, _____ DPT Booster _____
Polio Series _____, _____, _____ Polio Booster _____
MMR _____ MMR Booster _____ Hepatitis B _____
Chicken Pox (Varicella) _____ Other _____

Health Examination **Code: Satisfactory- S** **Not Satisfactory-X** **Not Examined-NE**
General Appraisal _____

Special Considerations _____

Restrictions while attending CFSC _____

Allergies _____

LICENSED/CERTIFIED HEALTH CARE PROVIDER TO SIGN AND DATE THIS FORM:

I have examined the person herein described and have reviewed the health history given by the parent/guardian on the top of this form. It is my opinion that the camper is physically able to engage in all camp activities, except as noted.

Date of this Physical Examination _____

Provider's Signature _____ Date _____

Provider's Name (please print) _____

Provider's Address _____

Provider's Phone Number _____ Provider's License# _____

CICERO FAMILY SPORTS CENTER

PARENT/GUARDIAN AGREEMENT

2010-2011

Child's Name: _____

D.O.B.: _____

My child may participate in Cicero Family Sports Center field trips.

_____ YES _____ NO

Cicero Family Sports Center has permission to use photographs of my child in promotional materials. I understand I will not be reimbursed for such photographs.

_____ YES _____ NO

My child may participate in the large inflatables located in the Cicero Twin Rinks. I understand the Cicero Family Sports Center staff will follow all rules and regulations pertaining to the inflatables.

_____ YES _____ NO

My child may participate in ice skating located in the Cicero Twin Rinks.

_____ YES _____ NO

My signature acknowledges that I have read and understand the Cicero Family Sports Center Day Care Handbook and agree to its' policies, procedures and information provided.

The parent(s) and/or guardians agree Cicero Family Sports Center coaches, staff, and instructors will not be held responsible for any incidents or loss, however caused, and agree to release the program directors and proprietors of Cicero Family Sports Center from all claims or damages which may arise as a result of any or such accidents or loss.

SIGNATURE

DATE