

# Irondequoit Parks & Rec Registration

Fill out form completely including signature. Please print.

Participant Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information Required

Insurance Plan: \_\_\_\_\_ Allergic to: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Medication: \_\_\_\_\_

(Upon advance request, provisions can be made for persons with disabilities as defined in the Americans with Disabilities Act.)

Comments: \_\_\_\_\_

   VISA  MasterCard Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account #: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**CHECK PAYABLE TO:** Irondequoit Parks & Rec., 1280 Titus Avenue, Rochester, NY 14617

**PROGRAM 1**

# \_\_\_\_\_ - \_\_\_\_\_ Fee \_\_\_\_\_

Second Choice

# \_\_\_\_\_ - \_\_\_\_\_ Fee \_\_\_\_\_

**PROGRAM 2**

# \_\_\_\_\_ - \_\_\_\_\_ Fee \_\_\_\_\_

Second Choice

# \_\_\_\_\_ - \_\_\_\_\_ Fee \_\_\_\_\_

**PROGRAM 3**

# \_\_\_\_\_ - \_\_\_\_\_ Fee \_\_\_\_\_

Second Choice

# \_\_\_\_\_ - \_\_\_\_\_ Fee \_\_\_\_\_

I hereby release the Irondequoit Parks & Recreation Department and any of its staff from any responsibility or liability in connection with this activity and I assume all risks of this activity. I give permission to licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that I am in good physical health and have no limitations, exceptions or medications, other than those I have listed which predispose me to risk during this program. I have read and fully understand the Department's registration and refund policy.

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent/Guardian or Participant over 18 Signature required)



## Mail In

Mail completed registration form (with payment) to:  
Town of Irondequoit, Parks & Recreation  
1280 Titus Avenue, Rochester, NY 14617  
Attn: Program Registration