

R-Centers EZ Rec Pass Registration

Instructions: One pass gives you access to R-Center programs and facilities. To get started, please fill out this form and return it to your R-Center of choice.

For Office Use Only

Date Received _____ R-Center _____ EZ Pas# _____
Staff Person receiving registration: _____
Photo taken by: _____ Date: _____
Registration checked by: _____ Date: _____

Personal Information

Name: _____ M F Birth Date: ___/___/___
Address: _____ City: _____ State: _____ Zip: _____
School: _____ Grade: _____ Youth Cell Phone: (_____) _____
Race: Black__Hispanic__ White__Asian__ Other _____ Have you registered with us before? Yes No
List and R-Center programs of interest: _____
List other relatives attending center (name & relationship) _____

Parent/Guardian Information

Parent/Guardian 1 Information

Relationship: _____
Name: _____
Address (if different): _____
City: _____ State: _____ Zip: _____
Email: _____
Home Phone: (_____) _____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Employer: _____

Parent/Guardian 2 Information

Relationship: _____
Name: _____
Address (if different): _____
City: _____ State: _____ Zip: _____
Email: _____
Home Phone: (_____) _____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Employer: _____

Emergency Information

In an emergency, when parent or guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

Allergies

_____ Nuts
_____ Insect Stings
_____ Poison Ivy
_____ Penicillin

Special Instructions (if any)

_____ Other Drugs
_____ Latex
_____ Other

If circumstances allow, the City Of Rochester ("City") May provide the above listed information to assist medical personnel in having details of any medical problems which may interfere with or alter treatment. This information in no way creates a special relationship between the City and the participant. The City does not assume a special duty.

As a participant in ("City") recreation activity, I recognize and acknowledge that there are a certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the ("City") does not provide accidental medical coverage and it is my responsibility to provide the appropriate coverage. I agree to waive and relinquish all claims and hold harmless, the City Of Rochester, its officers, agents and employees from any claims. As a participant of in ("City") recreation activities I give authorization to the City to use photographs of my child for the program operation and promotion purposes.

X

Parent or Guardian Signature

Date

Youth Signature

Date