City of Rochester, NY
Thomas S. Richards, Mayor

THE REC

greater rochester Health foundation

APPLICATION FORM

First Name:_____ Middle Initial:_____

Last Name:_____ Nickname:_____

Address:_____ Zip Code:_____

Gender: Male/ Female Birth date:_____

Race: Black__Hispanic__ White__Asian__Other__ Youth Cell Phone:_____

School_____ Grade:_____

Parent/Guardian:_____ Home Phone:_____

Parent Cell Phone:_____ Work Phone:_____

Employer:_____ E-Mail:_____

Check genre(s) of interest: ____ Dance ____ Step ____ Double Dutch

Other Recreation programs of interest:_____

Other relatives attending center (name & relationship)
_____
_____

Emergency Information

Contact1: _____
Relation:_____
Telephone:_____

Contact2: _____
Relation:_____
Telephone:_____

Medical Information

Any allergies or other health problems that you would like us to be aware of:
_____

Any Special Instructions:_____

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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 activates I give authorization to the City to use photographs of my child for the program operation and promotion purposes.

Signature (Parent / Guardian)_____

Date:_____

Signature (Youth)_____

Date:_____

Office Use Only

Staff Person receiving registration:_____ Date:_____
Facility:_____ Photo taken by:_____ Date:_____
Registration checked by: _____ Signature:_____ Date:_____

Form of ID Provided: _____ Driver License #:_____(Teens / Adults over 17 yrs old)