

one city

Bureau of Recreation

Department of Recreation and Youth Services 400 Dewey Avenue Rochester, New York 14613-2594 www.cityofrochester.gov

FOR OFFICE USE ONLY: Date app rec'd:
Deposit:
Status?:
Staff Initials:

2013-2014 ASIP Registration Forms

Parent/Guardian: In order to reserve a space in ASIP – please complete all parts of the application and submit with a non-refundable \$55 deposit for City residents (\$45 for siblings) and \$65 deposit for non-City residents (\$55 for siblings). The deposit will be credited to the first week's attendance.

Checks should be made payable to "City Treasurer" and submitted with the complete application to:

Bureau of Recreation

c/o ASIP @ Lake Riley <u>or</u> Danforth

400 Dewey Ave.

Rochester, NY 14613

Participant's Name	Birth Date://
Address (include ZIP)	
Parent/Guardian Name	
Home Phone	Cell
Employer	Work Phone
Parent/Guardian Name	
Home Phone	Cell
Employer	Work Phone
Preferred site:Lake Riley Lodge Cobbs Hill Park	Danforth Community Center
At the end of the day, my child may be picked up by one of	of the following:
Name & Relationship	Phone #
Name & Relationship	Phone #
In an emergency, when parent or guardian cannot be read	ched, contact:
Name & Relationship	Phone #
Name & Relationship	Phone #

Health & Immunization Record

Participant's Name:					
Does vour chil	d have a history of th	e following: (nlea	se indicate "v	es" or "no")·	
Asthma	a nave a mistory or th	Chicken Pox	=	Convulsions	
	ections	Diabetes		Measles	
Mumps		Poison Ivy		Rubella	
Rheumatic Fev	er				
Immunization	Record				
	Dates				
DPT Series					
OPV (Polio)					
MMR					
Measles					
Rubella					
Mumps					
Hepatitis B					
HIB					
TINE					
Haomonhilus I	nfluenza Type B				
Varicella (Chicl					
Tetanus Boost	• ———	<u> </u>			
retailus boosti		<u></u>			
Please indicate	e "yes" or "no" to the	following questi	ons and list an	y additional info	ormation.
Does your child	d use any self-adminis	stered medication	s?		
NO	YES				
	ur child permission to			NO	YES
sunscreen must be	P. FDA-approved, over the cou	nter, and provided by p	arent/guardian to c	camper	
is your child all	lergic to Penicillin?	NO	YES		
Is your child allergic to any other drugs?					
NO	· ·	_			
NO	1 LJ				
Does your child have any food allergies?					
NO					

Has your child had a	ny operations or serious illne	sses?	
NO	YES		
Doos your shild have	a any chronic or recurring illn		
•	e any chronic or recurring illn		
NO	YES		
Are there any activit	ies that your child should be	encouraged to do?	
NO	YES		
Are there any activit	ies that should be restricted	for your child?	
NO	YES		
Health Insurance Ca	rrier:		
		Phone:	
Address:			
Parent's/Guardian's	Comments:		

RECREATION PERSONNEL CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO ASIP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, AND YOUR CHILD WILL BE REMINDED TO TAKE IT AT THE APPROPRIATE TIME.

The City of Rochester does not discriminate on the basis of handicap status in its programs, activities or employment.

Parent/Guardian Agreement

In cons	nsideration of my child ()				
	Child's first and last name					
registr	ration for the ASIP program:					
	,	e and my child is capable				
	of participating in this program.					
>		phone number, places of				
	employment, or persons authorized to pick up my child, etc.					
	I will provide the staff with any pertinent health, emotional, developmental, and behavioral information that may assist ASIP in caring for my child. I understand that not fully disclosing t above may put my child's health and safety at risk.					
>		acket including but not				
	limited to the "2013-2014 ASIP Key Information, Responsibilities and I Recreation "Code of Behavior" documents. I am responsible and agree policies including but not limited to payment procedures and deadline and behavior policy. I understand that ASIP staff reserve the right to program for failure to follow the policies and procedures of the program Recreation at their discretion.	Requirements" and the se to cooperate with ASIP es, ASIP hours of operation, remove my child from the				
>		activities including off-site				
	field trips under staff supervision.	activities, including on-site				
>	·	d administrators to waive				
	and release any and all rights and claims or damages of any kind I may Rochester, its representatives, successors and employees for any and suffered by my child. If an accident occurs, I give my permission for e treatment to be administered, or at the discretion of City staff, for my hospital.	have against the City of all injuries which may be mergency first aid				
>	I give consent that ASIP and the City of Rochester Department of Recr may use photographs, slides, and video of my child, as may be needed promotional purposes including website material to promote the inte	for its records or				
Parent/	t/Guardian Name	Signature				
Parent/	t/Guardian Name	Signature				
 Date						
	Child Agreement					
>	As an ASIP participant, I agree to follow the behavior and safety rules, other participants, participate in activities, and to have positive FUN!	respect the staff and				
Child's	s Name/Signature	 Date				