

# 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 and consent to receive email marketing from the City on occasion.*

X

Parent or Guardian Signature

Date

Youth Signature

Date