

MAIL – IN REGISTRATION FORM

*****Online Registration now Available @ www.camillus.recdesk.com*****

If paying by mail: Return Form with payment to: Camillus Parks & Recreation
(or in person at Shove Park)
4600 West Genesee Street, Syracuse NY 13219
315-487-3600

CHECK OUR ONLINE REGISTRATION PAGE FOR ANY NEW/UPDATED PROGRAM INFORMATION

HOUSEHOLD INFORMATION

PARENT/GUARDIAN NAME			
ADDRESS		CITY	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL			
EMERGENCY CONTACT NAME			PHONE

PARTICIPANT INFORMATION

NAME	SEX	GRADE	AGE	BIRTH DATE	PROGRAM/SESSION/TIME/LEVEL (IF APPLICABLE)
				/ /	
				/ /	
				/ /	
				/ /	

SPECIAL NEEDS/ LIMITATIONS

No YES (explain)

WAIVER FOR PARTICIPATION (MUST BE SIGNED OR REGISTRATION WILL BE RETURNED)

WAIVER MUST BE READ AND SIGNED BEFORE REGISTRATION IS ACCEPTED.

I assume all risks and hazards incidental to the conduct of the program(s), which I have listed, and to hereby further release and hold harmless the Town of Camillus & Town of Camillus Parks and Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself/my child when normal permission is unavailable. I certify that I/my child am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Camillus does not provide health insurance coverage.

The Town of Camillus cannot guarantee that you or your children will not become infected with COVID-19. Further, attending Camillus Recreation programs could increase your risk of your child or children's risk of contracting the virus. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/children and I may be exposed to or infected by COVID-19 by attending recreation programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at our programs may result from actions, omission, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

Signature of Parent/Guardian _____

Date _____

Please Circle Your T Shirt Size Below for Youth Wrestling

T Shirts **not** included with all camps

Shirt Size **YS** **YM** **YL** **YXL** **AS** **AM**