



**CITY OF ONEIDA**  
**DEPARTMENT OF PARKS AND RECREATION**  
 ONEIDA RECREATION CENTER, 217 CEDAR STREET  
 ONEIDA, NEW YORK 13421  
 Telephone: (315) 363-3590 Fax: (315) 363-6062  
 www.oneidacity.com

## Program Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_ **Contact me for:** This Program Only \_\_\_\_\_ E-Blasts \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Emergency Name: \_\_\_\_\_

Doctors Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Any Allergies, Special Needs: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Current Medications: Please list \_\_\_\_\_ Fathers Name: \_\_\_\_\_

**Immunizations Current?** Yes or No **A Copy Of Immunization Record May Be Required**

**Participate In Program Before?** Yes or No Team Name /Color: \_\_\_\_\_

**Shirt Size: (Please Circle One)** Youth Med (10/12) Youth Large (14-16)  
 Adult: Small (32-34) Medium (36-38) Large (40-42) Extra Large (44-46)

<b>Program(s) Registering For:</b>	<b><u>Fee</u></b>	<b><u>Fee</u></b>
_____	_____	_____
_____	_____	_____

**\*Make checks payable to: Oneida City Chamberlain\***

**Parent Volunteer (please print name):**

Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Other: \_\_\_\_\_

**Medical Consent:** As the parent/guardian of the above named minor, I here by give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

**Participant Consent:** I give complete permission to the above named person to participate in the City of Oneida Recreation and Youth Services Department program(s) listed above and certify that all information on this form is complete and accurate. I understand that there is no accident insurance in this program and I assume full responsibility for any injury sustained.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

**OFFICE USE ONLY:**

**Paid:** \_\_\_\_\_ **Cash/Check #:** \_\_\_\_\_ **Intl:** \_\_\_\_\_