



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

The Oneida Recreation Afterschool Program would like to welcome you and your child to our facility. To ensure that your child gets the most out of our programs, we would like for you to take a moment, along with your child, to briefly read over some of our facility and program rules, regulations and code of conduct. These guidelines are designed to inform parents/guardians and participants of our Afterschool Program what is expected of them while they are at the Afterschool Program.

Participants that are in 3rd – 12th grades **AND** enrolled in school are allowed to participate in the Afterschool Program at the Oneida Recreation Center.

The Afterschool Program hours are: 3rd -12th Grades- Monday-Friday 3:00-5:30pm

Hours and program schedules are subject to change without notice.

AFTERSCHOOL PROGRAM RULES

1. All individuals must sign in upon arriving to the Afterschool Program.
2. This is a “one way door”
3. Once a participant arrives at the Afterschool Program and then leaves, he/she will not be allowed back into the building.
4. Participants are not to loiter anywhere outside the Rec. Center or in the parking lot. Once a participant leaves the Afterschool Program, they should also leave the premises.

PROGRAM REGISTRATION

Name: _____ Age: _____ Date of Birth: _____ M/F _____

Address: _____ Phone # _____

City/Zip: _____ School: _____ Grade: _____

Email Address: _____ Contact me for: E-blasts _____

Doctors Name: _____ Emergency Name: _____

Doctors Phone: _____ Emergency Phone: _____

Mother’s Name: _____ Father’s Name: _____

Medical Consent: As the parent/guardian of the above named minor, I hereby 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 for the above named person to participate in the City of Oneida Recreation and Youth Services Department program(s) 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