

TOWN OF ONONDAGA PARKS & RECREATION

4834 VELASKO ROAD — SYRACUSE, NY 13215

PHONE: 469-3464 **FAX:** 469-2816 **WEB:** townofonondagany.com

GENERAL REGISTRATION FORM

How to Register:

Submit a completed form and full payment by cash or check.

If no payment is needed, forms may be faxed into the office.

You will be notified only if class is full or cancelled.

Checks payable to: Town of Onondaga

Credit/Debit cards are not accepted at this time.

Drop box in the rear of the building/office on East Ave. may be used.

Participant's Name: _____

Sex(circle): M F Date of Birth: _____ Age: _____ Grade: _____

Program Name: _____ Session/Day/Time: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell Phone #: _____ Daytime Contact #: _____

Emergency Contact (other than parent) Name & Number: _____

I hereby absolve the Town of Onondaga, its employees, and officers from all liability which may arise as the result of my participation in all above activities; and, in the event that the above-named participant is a minor, I hereby give my permission for his/her participation as indicated and in so doing absolve the Town of Onondaga, its employees and officers from such liability. Pictures and other materials which may include myself or my child(ren), may be used by the Town of Onondaga for promotional purposes.

PARTICIPANT / PARENT SIGNATURE: _____ DATE: _____

FOR "YOUTH PROGRAMS" PLEASE COMPLETE THE FOLLOWING SECTION

Parent/Guardian Name: _____ Daytime Contact #: _____

Doctor's Name: _____ Phone #: _____

Child's School: _____ Allergies: _____

Receipt # _____