



James Korpela
Director

Jacqueline M. Izzo
Mayor

DEPARTMENT OF PARKS, RECREATION & COMMUNITY ACTIVITIES

198 NORTH WASHINGTON STREET ♦ ROME, NEW YORK 13440-5815

TELEPHONE (315) 339-7656 ♦ FAX (315) 838-1161

PARENT PERMISSION/WAIVER & CONSENT FORM

Release executed on _____ (date), 20__, by _____ (name of parent/guardian) of (the City of Rome), County of Oneida, State of New York, herein referred to as releaser, to THE CITY OF ROME, NEW YORK, THE STATE OF NEW YORK, AND THE ROME CITY SCHOOL DISTRICT, THEIR AGENTS, OFFICERS, EMPLOYEES, COACHES AND VOLUNTEERS, herein referred to as releasee. I releaser being of lawful age, in consideration of my child _____ (child's name) being permitted to participate in a program sponsored in whole or part by the City of Rome Department of Parks & Recreation to be located at various parks, facilities and locations, do to myself, my heirs, executors, administrators and assigns, hereby release and forever discharge THE CITY OF ROME, NEW YORK, THE STATE OF NEW YORK, THE ROME CITY SCHOOL DISTRICT, THEIR AGENTS, OFFICERS, EMPLOYEES, COACHES AND VOLUNTEERS, from any and every claim, demand, action or right of action of whatever kind of nature, either in law or in equity arising from or by reason of any bodily illness or personal injuries known or unknown, death or property damage resulting or to result from participation in said activities and the use of said sites, whether by negligence or not. Such release is given as consideration for the privilege and right given me to participate in the activities, leagues and programs and in the participation or use of such facilities.

I further attest to the fact that my child _____ (child's name) is physically able to participate in such activities and that she/he, has no condition – either medical or otherwise - which would render her/his participation in the Recreation Department program, activities, games, practices, meetings, or other events, unsafe to her/him or to any other program participant, coach, volunteer or program supervisor. Likewise, I attest that my child understands – or has the capacity to understand – any and all program or facility rules or safety guidelines and that he/she will abide by these guidelines. Furthermore, I understand that if my child requires any modifications or accommodations to safely participate in any program, activity or at any facility, that is it my duty and obligation to inform the Department of Parks, Recreation & Community Activities in writing of such modifications or accommodations and to request such.

I certify that I am familiar with the activities to which I am properly enrolled in or registered for that are offered either in whole or part by the City of Rome Department of Parks, Recreation and Community Activities and give my full permission for my child _____ (child's name) to participate in this recreation, sports or other program and/or activity. I further certify that I am fully aware of, and agree, to assume all of the risks associated with participation in a sport, recreation program and/or physical activity she/he will participate in. I am aware that any and all physical sports, recreational activity or program carries with it certain risks, including the risk of serious personal injury, paralysis, loss of limb, loss of vision or other sense(s), broken bones, injured muscles or other bodily systems and even death. Furthermore, as the parent or guardian of the above-named minor, I hereby give my consent for emergency medical care or treatment by a duly licensed medical professional or duly licensed emergency medical technician. This care may be given under whatever conditions are necessary to preserve life, limb or the well being of my child or other dependent.

This release contains the entire agreement between the parties hereto and the terms of this release are contracted and not a mere recital. Releaser further states that he/she has carefully read the foregoing release, waiver and medical consent form and knows the content thereof and signs this release as his/her own free act. Likewise, the releaser further states that he/she understands all aspects of this instrument and that the signature below is a full and conscious act and not a mere formality. IN WITNESS WHEREOF, releaser has executed this release at ROME, NEW YORK, the day and year first written above.

Child's name: _____ Date: _____

Parent's name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Parent address: _____
(street address) (city) (zip)

*** Please complete both sides of form ***



I. GENERAL INFORMATION

Name of child or participant _____ Date of birth _____
Parent(s)/guardian(s) if under 18 _____ Home phone _____
Address _____
Work phone or emergency contact number _____
Other person/phone number to contact in emergency _____

II. PHYSICIAN MEDICAL INFORMATION

Family physician _____ Physician's phone _____
Physician's address: _____

III. MEDICAL INFORMATION

Parents of children participating in programs sponsored in whole or in part by the City of Rome Recreation Department are asked to provide the following information in case of injury or illness so that program supervisors and coaches have quick reference to the special needs of the child.

1. Do you or your child have any condition that would prohibit his/her participation in a recreational activity program? _____ yes _____ no.
If yes, please identify: _____
2. What restrictions, if any, are there on your, or your child's participation in this type of program?

3. Are there any accommodations which are necessary to make this program accessible to you or to our child? If yes, please specify: _____

4. Are there any modifications that should be made to improve his/her/your ability to participate?
If yes, please specify: _____

5. Do you – or your child - have any allergies? _____ yes _____ no
6. Do you – or your child - wear glasses? _____ yes _____ no
7. Do you – or your child - wear contact lenses? _____ yes _____ no
8. If a child, is the child up to date on vaccinations? _____ yes _____ no
9. If a child, has he/she had a recent tetanus booster? _____ yes _____ no
10. Do you or your child currently take any medications and/or prescriptions?
_____ yes _____ no If yes, please list: _____

III. INSURANCE INFORMATION

Do you or your child currently have medical insurance? _____ yes _____ no
If yes, please list carrier & identification number: _____

**** Please complete other side of form ****