

North Shore Youth Council

PO Box 1286 Rocky Point NY

631-744-0207 nsyc.com

Registration Form

I. Participant Information

First Name: _____ Last Name: _____

Home Phone: _____ Address: _____ City: _____

Zip Code: _____ Circle One: M F Age: _____ Date of Birth: _____

Current Grade: _____ School: _____

Mother/Guardian Name: _____ Cell phone: _____

Father/Guardian Name: _____ Cell phone: _____

II. Emergency Contact Information

If parents or guardians are unable to be reached, contact:

Name: _____ Phone: _____

Relationship to

Participant: _____

Name: _____ Phone: _____

Relationship to Participant:

III. Medical Information

Physician and/or Clinic

Name: _____ Phone: _____

Dentist and/or Dental Clinic

Name: _____ Phone: _____

Please provide specific information for any **medical or behavioral** conditions in which staff should be aware in order to provide a safe and successful environment (allergies, activity restrictions, asthma, ADHD, etc.)

Participant Waiver Form

IV. Participant/Parent/Guardian Release

_____ has my permission to participate in all activities offered. If attempts to contact me at the above listed phone #'s are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council and Rocky Point PTA to take all necessary steps to insure my child's health & safety in case of an emergency and to administer any needed medications. In case of accident of injury I will not hold the North Shore Youth Council, the Rocky Point PTA, or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at the program, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

SIGNATURE: _____ DATE: _____

(parent or legal guardian)