



Chemung County's Recreation Program for Teens

Registration Form

Today's Date: ___/___/___ Park Site _____

Teen's Name (Last) _____ (First) _____ Gender: Male Female

Address: _____ City/Town: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Grade: _____ School: _____

Phone: _____ Cell Home Work Age: _____ (12-15 Years Old)

Proof of birth is required for all participants. (Birth certificate or proof of grade is sufficient.) _____ (YB Staff initials)

Contact Person (Check One): Both Parents Mother Only Father Only Legal Guardian

Contact Person's Name: _____ Phone: _____

Address: _____ Cell Phone: _____

City/Town: _____ State: _____ Zip: _____

Person(s) to be notified in the event of an emergency if parents/guardians cannot be reached at home or work.

1) Name: _____ Phone: _____ Cell Home Work Relationship: _____

2) Name: _____ Phone: _____ Cell Home Work Relationship: _____

The Chemung County Youth Bureau is committed to providing the best program experience possible. Please inform us of any special considerations.

Level of swimming ability: Check One: _____ Non-Swimmer _____ Beginner _____ Advanced

I consent that my teen may be included in any photograph taken while participating in The Spot events/activities and understand that they may be used for publication or publicity. Check One: _____ YES _____ NO

I authorize the Chemung County Youth Bureau to text me with emergency and non-emergency information. I will not hold the Chemung County Youth Bureau liable for any standard text messaging rates/charges incurred through sending text messages. _____ (parent/guardian initials)

The Spot is a drop-in program. As such, teen participants of this program will be permitted to come and go from the program and events as they wish. The Spot Program is not responsible for personal items of value brought to the program, i.e., cell phone.

As the parents(s)/guardian of the above named participant, I/We hereby give my/our approval to his/her participation in any and all activities to include offsite fieldtrips; I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chemung County Youth Bureau, organizers, supervisors, participants, and persons transporting my/our son/daughter. Any medical expenses resulting from any injury during this program are the sole responsibility of the parent(s)/guardian of the youth named above.

In the event that Spot staff is unable to promptly locate either a parent or person designated to be notified in case of medical emergency, medical personnel may take such emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.

I/We acknowledge that the above named participant is between the ages of 12 and 15 years old.

Signature of Parent/Guardian _____ Date Signed _____