



2013 – 2015

City of Rochester Department of Recreation & Youth Services

EZ Rec Pass Registration Form



First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Gender: Male/ Female

Birth date: \_\_\_\_\_

Race: Black\_\_ Hispanic\_\_ White\_\_ Asian\_\_ Other\_\_

Youth Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Recreation programs of interest: \_\_\_\_\_

School Sports: Modified\_\_ Freshman\_\_ JV\_\_ Varsity\_\_ **Basketball**      Modified\_\_ Freshman\_\_ JV\_\_ Varsity\_\_ **Football**

Other relatives attending center (name & relationship) \_\_\_\_\_

**Emergency Information**

Contact1: \_\_\_\_\_

Contact1: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Medical Information**

Any Allergies or Health Problems that you would like us to be aware of:

Any Special Instructions: \_\_\_\_\_

*If circumstances allow, the City Of Rochester ("City") May provide the above listed information to assist medical personnel in having details of any medical problems which may interfere with or alter treatment. This information in no way creates a special relationship between the City and the participant. The City does not assume a special duty.*

*As a participant in ("City") recreation activity, I recognize and acknowledge that there are a certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the ("City") does not provide accidental medical coverage and it is my responsibility to provide the appropriate coverage. I agree to waive and relinquish all claims and hold harmless, the City Of Rochester, its officers, agents and employees from any claims. As a participant of in ("City") recreation activities I give authorization to the City to use photographs of my child for the program operation and promotion purposes.*

Signature (Parent / Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

Signature (Youth) \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Staff Person receiving registration: \_\_\_\_\_

Date: \_\_\_\_\_

Facility: \_\_\_\_\_ Photo taken by: \_\_\_\_\_

Date: \_\_\_\_\_

Registration checked by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form of ID Provided: \_\_\_\_\_ Driver License #: \_\_\_\_\_ (Teens / Adults over 17years old)