

Troy Adaptive Recreation Registration/Medical Form

Date: _____

Activity #115300__

Name: _____ Age _____ Birthdate _____ Phone _____
(Last) (First)

Address: _____
(Number/Street) (City) (Zip)

Name of Parent/Guardian: _____

Address if different from above: _____

Phone(h): _____ Phone(w): _____ Cell/pager: _____

Other emergency contact: _____ Relationship: _____ Phone: _____

Doctor: _____ Phone: _____ Hospital: _____

Type of Insurance: _____ Policy Number: _____

List any medications you are taking: _____

List any medications you are allergic to:- _____

Date of last tetanus shot: _____ Primary disability: _____

Communication barriers: _____

Please indicate YES or NO and explain if necessary:

Seizure: _____ If so explain: _____

Allergies: _____ If so explain: _____

Developmental disability: _____ If so explain: _____

Physical limitations: _____ If so explain: _____

Behavioral Problems: _____ If so explain: _____

Respiratory problems: _____ If so explain: _____

Urinary problems: _____ If so explain: _____

Any other activity restrictions or behavior characteristics we should be aware of: _____

I have listed all known medical conditions and will advise the Parks and Recreation Department of any changes. I hereby voluntarily release and hold harmless the City of Troy from all liability for all types of damages or injuries, foreseeable or not, sustained by my child, myself and other family members while participating, watching, and traveling to or from all Troy Parks and Recreation activities.

Signature of parent/guardian: _____ **Date:** _____

Code of Conduct

For the safety and the enjoyment of all, participants are required to adhere to the following code of conduct.

- Keep hands, feet and other objects to yourself at all times.
- Swearing, other abusive language, and inappropriate hand gestures are not allowed.
- Disruptive behavior such as yelling, harassing others and destruction of property is not allowed.
- No smoking or drinking is allowed, even if you are of age.
- Participants must stay with their group or chaperone as directed.
- Participants must follow directions of staff at all times.
- We recommend that participants be escorted in and picked up by their parent/guardian at all events.

Failure to comply with any of these rules will result in discipline as follows:

1. Oral warning: an official warning that the conduct is unacceptable.
2. Oral warning and the parent/guardian will be called to pick participant up.
3. Suspension from programs: parent/guardian will be called to pick participant up, and you will not be allowed back for a specified period of time.
4. Participant may be no longer be allowed to attend the program or may be allowed to attend only with an escort.

Discipline may be started at a higher level depending on the severity of the incident.

Please sign below indicating that you have read the code of conduct.

Signature _____ Date: _____

Staff Use Only

Date of Discipline	Reason	Action Taken (1, 2, 3 or 4 above and time period if #3)