Sept 2016-August 2017 **Activity #115300 C**

Troy Adaptive Recreation Registration/Medical Form Date:_____

Participants Name: _____Age_____ Birthdate_____ Phone_____
(Last) (First)

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

Name of person to be contacted in case of an emergency:_____

Select one that applies to above person. Parent: ____ Family member: ____ Caregiver:____ Home manager: ____

Address if different from above: _____

Phone(h):_____Phone(w):_____Cell/pager:_____

Email address:_____

Secondary emergency contact:_____Relationship:_____Phone:_____

List any medications you are taking:_____

_____

List any medications you are allergic to:-_____

Date of last tetanus shot:_____ Primary disability:_____

Please indicate YES or NO and explain if necessary:

Communication barriers: _____If so explain:_____

_____

Seizure:_____ If so explain:_____

_____

Allergies:_____ If so explain:_____

_____

Cognitive disability:_____ If so explain:_____

_____

Physical Challenges:_____ If so explain: _____

_____

Neuro-Psych Challenges: _____ 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 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 Recreation activities.

Signature of parent/guardian: _____Date: _____
(OVER)

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)