

Office use only:
Date _____
Initials _____

RECREATION SUPPORT SERVICES

YOUTH REGISTRATION FORM

Return to: ATTN RSS

RSS – Ithaca Youth Bureau @ 1 James Gibbs Drive – Ithaca NY 14850

Today's Date: _____

Participant Name: _____ Date of Birth: ___/___/___

Pronoun Choice: (please circle) he/him she/her they/them other _____

Address: _____ City: _____ Zip: _____

Guardian: _____ Home # _____ Work # _____ Cell # _____ Email: _____

Guardian: _____ Home # _____ Work # _____ Cell # _____ Email: _____

Emergency Contact: _____ Phone # _____ Relation: _____

Emergency Contact: _____ Phone # _____ Relation: _____

Physician's Name: _____ Phone # _____

Insurance Company: _____ ID# _____

Primary Diagnosis of Disability: _____

Secondary Diagnosis of Disability: _____

Medications YES / NO (circle) If yes please list medications: _____

Allergies YES / NO (circle) If yes please list allergies: _____

Any Seizure YES / NO (circle) If yes please describe: _____

Do you have OPWDD services? YES___ NO___ If YES, Tabs# _____

If YES, do you have Self-Directed services through OPWDD? YES___ NO___

RELEASE of INFORMATION from SCHOOL

I/We, the undersigned, give permission for my/our child's _____
(child's name)

School district to release his/her school records to Ithaca Youth Bureau Recreation Support Services. These records include the following: Psychological Reports & IEP information.

**All information received will be used in a professional manner.

**All staff will maintain the confidentiality of the information.

By signing this I/We am/are indicating that I/We understand & agree to what it states above.

Guardian Signature: _____ Date: _____

(OVER – Complete page #2)

PHOTO RELEASE

Recreation Support Services often uses visual aids to promote awareness of our services in the community, at workshops, and in training sessions. We need your permission to use your child's photographs and/or videotaped materials for these purposes.

(Please put an "x" in one of the 3 choices below)

_____ I do give permission for RSS to use photos, videotaped material, & names.

_____ I do give permission for RSS to use photos & videotaped material only.

_____ I do not give permission for RSS to use photos, videotaped material, or names

Guardian Signature: _____ Date: _____

EMERGENCY RELEASE

In the event of an emergency & I cannot be reached, I give permission to the Recreation Support Services staff and volunteers to seek medical treatment.

Guardian Signature: _____ Date: _____

RSS PARTICIPANT CODE OF CONDUCT

I have received, read, understand, and agree with the Recreation Support Services Participant Code of Conduct attached with this registration form. (SEE ATTACHED)

Guardian Signature: _____ Date: _____

Ethnicity Information (please check one) optional:

- | | | |
|------------------------|------------------------|-----------------------|
| _____ African American | _____ Asian | _____ 2 or more races |
| _____ White | _____ Hispanic | _____ Native American |
| _____ Native Hawaiian | _____ Pacific Islander | _____ Other |

Municipality Information – please check one:

- | | | | |
|--------------------|-----------------------|-------------------|------------------------------|
| _____ Caroline | _____ Danby | _____ Enfield | _____ Village Cayuga Heights |
| _____ Town Dryden | _____ Village Dryden | _____ Freeville | _____ Unknown |
| _____ Town Groton | _____ Village Groton | _____ Newfield | _____ Out of County |
| _____ City Ithaca | _____ Town Ithaca | _____ Ulysses | |
| _____ Town Lansing | _____ Village Lansing | _____ Trumansburg | |

Current School Attending: _____ Grade _____

Teacher: _____ School Phone # _____

Referred to RSS by: _____
(Name & Agency/School)

Please share any information that will help us meet the needs of your child. Please include special needs or concerns that we should be aware of: (Feel free to attach additional information)

Please indicate activities and or the program/s your child is interested in:

