

Office use only:  
 Date \_\_\_\_\_  
 Initials \_\_\_\_\_

**RECREATION SUPPORT SERVICES  
ADULT 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: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cellphone # \_\_\_\_\_ Email: \_\_\_\_\_

Guardian / Care Provider Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Guardian / Care Provider Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Service Coordinator Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy ID# \_\_\_\_\_

Primary Diagnosis of Disability: \_\_\_\_\_

Secondary Diagnosis of Disability: \_\_\_\_\_

Any Seizure Activity: \_\_\_\_\_

If yes provide more information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does participant take any medications? (Please check) Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Does participant have any allergies? (Please check) Yes \_\_\_\_\_ No \_\_\_\_\_**

Medication Name	Dosage	Time Taken
Allergy to:	Symptoms:	Steps RSS staff should take:

**Is there any other pertinent information, medication side effects, medical concerns, behaviors, or goals we should know about?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have OPWDD services? YES \_\_\_ NO \_\_\_ If YES, Tabs# \_\_\_\_\_

If YES, do you have Self-Directed services through OPWDD? YES \_\_\_ NO \_\_\_

**PHOTO RELEASE FORM**

Recreation Support Services often uses visual aids to promote awareness of our services in the community, workshops & for training sessions.

We need your permission to use \_\_\_\_\_  
(RSS Participant's name)

photos and/or videotaped material for these purposes.

\_\_\_\_\_ 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, & names.

\_\_\_\_\_  
(Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal Guardian)

\_\_\_\_\_  
(Date)

**EMERGENCY RELEASE STATEMENT**

If there is an emergency involving \_\_\_\_\_  
(RSS Participant's name)

and I \_\_\_\_\_ his/her legal guardian cannot be reached, I give the Ithaca Youth Bureau Recreation Support Services staff permission to seek medical treatment. I understand that a copy of this will be given to RSS staff to be shown to any necessary medical personnel.

\_\_\_\_\_  
(Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal Guardian)

\_\_\_\_\_  
(Date)

**RELEASE OF INFORMATION AUTHORIZATION**

I give permission to Recreation Support Services to request and obtain my most recent information including psychological reports, IEP, medical issues, and medication. This information can be obtained from my school, physician, or other related agencies in the community that I attend or am registered in.

\_\_\_\_\_  
(Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal Guardian)

\_\_\_\_\_  
(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/Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

By signing this release of information authorization, I/we am/are indicating that I/we understand & agree to what it states above.