

## RYE BROOK RECREATION HEALTH AND REGISTRATION FORM

Please fill out form and return to the Recreation Department. Questions 1 through 6 are to be completed by your child's physician and Questions 7 through 13 is to be completed by a legal guardian.

|           |                              |               |          |         |
|-----------|------------------------------|---------------|----------|---------|
| LAST NAME | FIRST NAME                   | DATE OF BIRTH | AGE      | SEX     |
| ADDRESS   |                              | CITY/STATE    | ZIP CODE | PHONE # |
| SCHOOL    | Grade entering in Sept. 2025 | E-MAIL        |          |         |

**ALL CHILDREN ATTENDING THE PROGRAM MUST HAVE AN UP-TO DATE IMMUNIZATION RECORD THAT INCLUDES THE FOLLOWING (PLEASE HAVE YOUR DOCTOR LIST THE DATES):**

|   | <u>Date of shot</u> |
|---|---------------------|
| 1. Four or more doses of Diphtheria/Tetanus Toxoid.   | ____/____/____      |
| 2. Three or more doses of Oral Polio Vaccine or four or more doses of Inactive Polio Vaccine Salk given after 1968. | ____/____/____      |
| 3. One dose of live Measles Vaccine given after 1 year of age.  | ____/____/____      |
| 4. One dose of live Mumps Vaccine given after 1 year of age.  | ____/____/____      |
| 5. One dose of live Rubella Vaccine given after 1 year of age.  | ____/____/____      |
| 6. Two doses of Chicken Pox.  | ____/____/____      |

| Physician's Signature  | Date                                 |
|--|--------------------------------------|
| 7. Is the child taking any prescribed medication?<br>If the answer is YES, what is the medication? _____<br>Would your child be taking the medication during the day while the child is in our care? | YES ____ NO ____<br>YES ____ NO ____ |
| 8. Has your child had any recent operation or injury?<br>If YES, please explain _____  | YES ____ NO ____                     |
| 9. Has your child been exposed to any communicable disease within the last 3 weeks?<br>If YES please list _____  | YES ____ NO ____                     |
| 10. Please list food, which your child is allergic to if any _____<br>Please list drug, which your child is allergic to if any _____<br>Is your child allergic to insect/bee bites?                  | YES ____ NO ____                     |
| 11. Is there any emotional or physical disturbance?<br>If YES what treatment or care has been given? _____   | YES ____ NO ____                     |
| 12. Do you want your child to participate in our swim program?   | YES ____ NO ____                     |
| 13. Is there any reason why your child may not participate in any activities?<br>If so, please explain _____   | YES ____ NO ____                     |

### **FOR EMERGENCY USE:**

Parents' daytime numbers/names (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_

If a parent cannot be reached: Name/Relationship \_\_\_\_\_

Telephone numbers (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_

Neighbor or relative who would know where a parent could be reached, or who would be able to pickup the child if necessary:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_ - \_\_\_\_\_)

Child's Physician: \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_ - \_\_\_\_\_)

I hereby authorize my child/children whose name appears above to participate in the above program/s sponsored by the Rye Brook Parks and Recreation Department. I hereby release the Village of Rye Brook, Carver Center, their servants and employees from any liability for personal injuries or property damage sustained by my child/children, in connection with such participation. In case of injury, I authorize a Recreation Staff member to take my child/children to the hospital for treatment. I hereby authorize my child to swim at the Carver Center, Port Chester, NY.

\_\_\_\_\_  
Parent/Guardian's Signature