

**Sodus Recreation Winter Swim  
2020 Registration Form**

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Youth's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: (circle) Male or Female

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Guardian: \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian's Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Can Your Child Leave With Another Person? Yes or No  
If yes, Person's name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts & Information**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies? (circle) Yes or No

If yes, please list: \_\_\_\_\_

Is your child taking any medications? (circle) Yes or No

If yes, please list including reason: \_\_\_\_\_

Doctor's name/phone: \_\_\_\_\_

Dentist's name/phone: \_\_\_\_\_

Insurance information (name & #): \_\_\_\_\_

I \_\_\_\_\_, (parent/guardian) give permission to the Town of Sodus Recreation Association to act in my absence for my child, \_\_\_\_\_, to receive emergency medical treatment or give consent in the event that I cannot be reached. I also understand that Sodus recreation is not liable for any injuries.

Signature: \_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_.

**\*\*Please Note: Any children that may be joining indoor soccer this winter as well as swim, please pay careful attention to the time slot you chose so that your child may participate in both programs.**

**Preferred swim time slot (please circle one)**

***Babies 3 and under- must go to the first session (10:30-11:00)***

**10:30 – 11:00    11:15-11:45    12:00-130**

**\$25 Registration fee for residents + \$15 Program fee = \$40**

**OR**

**\$40 Registration fee for non-residents + Program fee \$15 = \$55**

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Paid by: Check # \_\_\_\_\_ Cash \_\_\_\_\_