



City of Saratoga Springs' Recreation Department

Residency Card Application and Permission Agreement

Print Clearly

| PRIMARY RESIDENT | | | |
|------------------|-------------|-----------------|--------------|
| Last Name | First | Male Female | D.O.B / / |
| Street Address | City | State | Zip |
| Email | | School District | |
| Cell () | Home () | Work () | |

| Office Use Only |
|-----------------|
| Card Number |

| ADDITIONAL RESIDENTS (must reside in same household as primary resident) | | | | | |
|--|-------|-----|-------|-------|--------|
| Last Name (indicate if different last name) | First | M/F | D.O.B | Grade | School |
| 1. | | | / / | | |
| 2. | | | / / | | |
| 3. | | | / / | | |
| 4. | | | / / | | |
| 5. | | | / / | | |
| 6. | | | / / | | |

| Office Use Only |
|-----------------|
| Card Number |
| |
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| EMERGENCY CONTACTS | | | | |
|--------------------|-------|--------------|-------------------|-------------------|
| Last Name | First | Relationship | Cell Phone () | Home Phone () |

| MEDICAL AGREEMENT | |
|--|------|
| <p>I fully understand and acknowledge that there are inherent risks and dangers in my participation and/or my child's participation in the city's recreational activities and that my participation and/or my child's participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or any other causes may result in risks and dangers and I hereby accept those risks. In the event of an emergency, I hereby authorize treatment by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician) and that I shall be responsible for the costs associated with that care. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered.</p> | |
| Primary Signature | Date |
| Secondary Signature (All additional residents 18 and Over must sign) | Date |

| RECREATION AGREEMENT | |
|---|------|
| <p>Please consult your and/or your child's physician prior to you and/or your child's participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not you or your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that you and/or your child have expressed a desire to participate in a City sponsored Recreation Program/Facilities, it is important that you and/or your child understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.</p> <p>In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my and/or my child's participation in Recreation sponsored activities. I also understand and acknowledge my and my Child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that my child and/or I may be photographed or videoed and my and my child's name may be used for publicity purposes for the Saratoga Springs Recreation Program and its sponsors/donors.</p> <p>I hereby agree that my child and I will participate in City sponsored Recreation Program activities in accordance with the City's rules and regulations and acknowledge no physical or emotional issue which would prohibit me or my child from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child and my participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.</p> | |
| Primary Signature | Date |
| Secondary Signature (18 and Over) | Date |

| OFFICE USE ONLY | |
|--|--|
| Circle: City Resident or School District | Proof (tax bill, s/b/I number, lease agreement*, water/sewer bill) *page number in city street book Non School Resident |