

CITY OF NORWICH YOUTH BUREAU REGISTRATION

Please list all registering children from the same family on this form.

Children's Names	Age	Sex M/F	Ethnicity See Below	Program	Level	Time

****Ethnic Background:** W - White, B - Black, H - Hispanic, A - Asian, N - Native American,
O - Other (Please Indicate) ***Statistics required for the NYS Office of Children & Family Services**

Parent/Guardian Name: _____

Address: _____

Telephone Number: Home _____ Work/Cell _____

Resident of: () City of Norwich - Town of: () Norwich () North Norwich () Plymouth () Preston
() Pharsalia Other _____

In Case of Emergency - Please Call If Parent/Guardian is Not Available

Name _____ Address _____ Phone _____

Any special problems or instructions? _____

I hereby release the Norwich City Youth Bureau and persons involved in instruction and/or supervision from any responsibility and/or claims which may result if my child is injured while participating in the city of Norwich Recreation Programs.

Signature (Parent or Guardian) _____

Programs are sponsored in part by the N.Y.S. Office of Children & Family Services and will not be denied to anyone based upon race, creed, color, sex, marital status, disability, national origin or religion.
City of Norwich Youth Bureau 334-1206.

<http://www.norwichnewyork.net/government/youth.php>