INCORPORATED VILLAGE OF LAKE GROVE
SUMMER RECREATION PROGRAM

DATE ___-___-___

AGE	GRADE	GROUP
FOR OFFICE USE		

LAST NAME, FIRST _____ DATE OF BIRTH _____ E-MAIL _____

ADDRESS _____ HOME TELEPHONE _____

SCHOOL _____ CURRENT GRADE / CURRENT AGE (AS OF 7/5) _____

☐ VILLAGE RESIDENT FEE $_____ SHIRT SIZE CHILD S M L / EXTRA SHIRT ☐

CHECK ☐ # _____ ADULT S M L XL XXL / QUANTITY ____ SIZE ___

PARENTS'/GUARDIANS' NAMES _____ _____

FAMILY DOCTOR _____ TEL. NO. _____

IN CASE OF EMERGENCY CONTACT _____ TEL. NO. _____

OR CELL NO. _____

_____ TEL.NO. _____

CELL NO. _____

KNOWN ILLNESSES, DISABILITIES, ALLERGIES, ETC. _____

_____

MY CHILD HAS MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES **EXCEPT:** _____

_____

_____

_____ _____

DATE SIGNATURE OF PARENT OR LEGAL GUARDIAN

RELEASE

I agree to assume full responsibility for any injuries which might occur to the above named participant (_____) as a result of participation in any activities of the Lake Grove Summer Recreation Program, including but not limited to any claims for personal injuries resulting from or arising out of the negligence or intentional acts of parties other than the Village of Lake Grove and its employees.

_____ _____

DATE SIGNATURE