

**INCORPORATED VILLAGE OF LAKE GROVE
SUMMER RECREATION PROGRAM**

AGE	GRADE	GROUP
FOR OFFICE USE		

DATE ____ - ____ - ____

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

ADDRESS _____ HOME TELEPHONE _____

SCHOOL _____ GRADE AS OF 2018-2019 SCHOOL YEAR/AGE AS OF 7/1/19 _____

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 _____ OR _____
TEL. NO. _____
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 _____