

# 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 \_\_\_\_\_

CHECK # \_\_\_\_\_

CHILD S M L / EXTRA SHIRT

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