

INCORPORATED VILLAGE OF LAKE GROVE SUMMER RECREATION PROGRAM

AGE	GRADE	GROUP
FOR OFFICE USE		

DATE ____ - ____ - ____

LAST NAME, FIRST	DATE OF BIRTH	E-MAIL
ADDRESS	PRIMARY CONTACT NUMBER (BEST WAY TO REACH YOU)	
SCHOOL	AGE	grade that your child is CURRENTLY in

<input type="checkbox"/> VILLAGE RESIDENT FEE \$ ____	SHIRT SIZE	CHILD S M L	EXTRA SHIRT <input type="checkbox"/>
CHECK <input type="checkbox"/> # _____		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. _____

****A PERScription MUST BE PROVIDED FOR ANY CAMPER MEDICATIONS PRIOR TO THE START OF CAMP. A BOX FOR THE MEDICINE IS ALSO REQUIRED.**

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