

2023

INCORPORATED VILLAGE OF LAKE GROVE SUMMER RECREATION PROGRAM

DATE ____-____-____

AGE	GRADE	GROUP
FOR OFFICE USE		

_____ 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 \$ _____		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