INCORPORATED VILLAGE OF LAKE GROVE AGE GRADE GROUP	
SUMMER RECREATION PROGRAM	
DATE	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
☐ VILLAGE RESIDENT FEE \$ SHIRT SIZE	CHILD S M L /EXTRA SHIRT
CHECK #	ADULT SMLXLXXL QUANTITY SIZE
PARENTS'/GUARDIANS' NAMES	
FAMILY DOCTOR	TEL. NO
IN CASE OF	TEL. NO.
EMERGENCY CONTACT 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 SIGNAT	URE 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