

****Note:** In the event that we reach our maximum camper admission number prior to the application deadline, accepted campers will be determined on an application first-come-first-serve basis

2025

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

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. _____

****A PRESCRIPTION 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