2026 Camper Registration Form

**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

**NO EXCEPTIONS

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 $_____

CHECK ☐ # _____

SHIRT SIZE

CHILD S M L

ADULT S M L XL XXL

EXTRA SHIRT ☐

QUANTITY ____ SIZE ___

PARENTS'/GUARDIANS' NAMES _____

FAMILY DOCTOR _____ TEL. NO. _____

IN CASE OF EMERGENCY CONTACT _____ TEL. NO. _____

CELL NO. _____

OR

_____ 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