

OLD LYME PARKS AND RECREATION
DAYCAMP

2010 REGISTRATION FORM

***** DAYCAMP IS FOR OLD LYME RESIDENTS ONLY *****

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

10/11 GRADE _____ BIRTHDATE _____ AGE _____ SEX (M) _____ (F) _____

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

PHONE NUMBERS IN CASE OF EMERGENCIES

HOME _____ WORK _____ OTHER _____

RELEVANT MEDICAL INFORMATION

I HEREBY GIVE MY CONSENT TO ALLOW MY CHILD TO PARTICIPATE IN THE PARKS AND RECREATION PROGRAM LISTED ABOVE AND GIVE PERMISSION FOR ALL PARKS AND RECREATION EMPLOYEES TO ACT AS NEEDED IN CASE OF EMERGENCIES. BY SIGNING THIS FORM I UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURIES INCURRED.

SIGNATURE OF PARENT/ GUARDIAN _____

\$150 PER CHILD/ \$200 PER FAMILY (FOR ENTIRE CAMP /JUNE 28-AUGUST 6)

MAKE CHECKS PAYABLE TO

OLD LYME PARKS AND RECREATION

TO BE COMPLETED BY PARKS AND RECREATION

AMOUNT PAID _____ CHECK # _____ CASH _____