

OLD LYME PARKS AND RECREATION  
**DAYCAMP**

2009 REGISTRATION FORM

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

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME \_\_\_\_\_

09/10 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)

MAKE CHECKS PAYABLE TO

OLD LYME PARKS AND RECREATION

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TO BE COMPLETED BY PARKS AND RECREATION

AMOUNT PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_