

OLD LYME PARKS AND RECREATION

DAYCAMP

2016

REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

2016-2017 GRADE _____ BIRTHDATE _____ AGE _____ SEX (M) _____ (F) _____

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

CONTACT NUMBERS / INFORMATION

HOME _____ WORK _____ OTHER _____

EMAIL _____

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 _____

THE DAYCAMP WILL BE HELD AT THE HIGH SCHOOL
\$150 PER CHILD/ \$250 PER FAMILY
(FOR ENTIRE CAMP /JUNE 20-JULY 29)
**MAKE CHECKS PAYABLE TO
OLD LYME PARKS AND RECREATION**

TO BE COMPLETED BY PARKS AND RECREATION
AMOUNT PAID _____ CHECK # _____ CASH _____