

OLD LYME PARKS AND RECREATION

SOFTBALL CAMP

2016 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

2016-2017 GRADE _____ BIRTHDATE _____ AGE _____

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

PHONE NUMBERS IN CASE OF EMERGENCIES

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 _____

CAMP HELD AT CROSS LANE PARK

MONDAY-THURSDAY JULY 25-28 900AM-100PM FEE \$130 _____

MONDAY-FRIDAY JULY 25-29 900 AM-100 PM FEE \$150 _____

NOTE: THE FRIDAY SESSION WILL ALSO INCLUDE
PITCHER AND CATCHER INSTRUCTION

MAKE CHECKS PAYABLE TO OLD LYME PARKS AND RECREATION

TO BE COMPLETED BY PARKS AND RECREATION

AMOUNT PAID _____ CHECK # _____ CASH _____