

GUARD START

Time _____

June 25 – July 13

\$75/\$125

Child's Name: _____

Sex: Male Female

Age: ____ **Date of Birth:** ____/____/____ **Grade going into:** ____ **Allergies/Asthma/Other:** _____

Parent/Guardian's Name _____

Address: _____ **Town:** _____ **Zip:** _____

Mom's #: _____ **Dad's #:** _____ **Emer#:** _____

My child: _____ has my permission to participate in the Village of Patchogue Parks and Recreation Department Summer Programs. I, the undersigned, intend to be legally bound, waive, and release any and all rights and claims for damages I may have against the Incorporated Village of Patchogue and the Patchogue Village Parks and Recreation Department and their representatives for any and all injuries suffered by my child in the Summer Recreation Programs. I am not aware of any physical condition which would impede my child's participation in or require special treatment in the above activity.

Signature of Parent/Guardian: _____ **Date** _____

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