

BEGINNERS EMBROIDERY WORKSHOP

3 weeks July 13 – July 27

9:00 am – 11:00 am (Saturday's)

\$45/\$50

Participant's Name: _____ Sex: Male Female

Age: ____ Date of Birth: ____/____/____ Allergies/Asthma/Other: _____

Address _____
City _____ State _____ Zip _____

Emer #: _____

I, _____ 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 myself or my child in the Summer Recreation Programs. I am not aware of any physical condition which would impede mine or my child's participation in or require special treatment in the above activity.

Signature _____ Date _____

BEGINNERS EMBROIDERY WORKSHOP

3 weeks July 13 – July 27

9:00 am – 11:00 am (Saturday's)

\$45/\$50

Child's Name: _____ Sex: Male Female

Age: ____ Date of Birth: ____/____/____ Allergies/Asthma/Other: _____

Address _____
City _____ State _____ Zip _____

Emer#: _____

I, _____ 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 myself or my child in the Summer Recreation Programs. I am not aware of any physical condition which would impede mine or my child's participation in or require special treatment in the above activity.

Signature _____ Date _____