

YOUTH CO-ED LACROSSE DEVELOPMENT CLINIC

9 am. – 1:00 pm.

July 9 – August 1

\$75/\$150

Shirt Size: (child) S/M/L/XL (adult) S/M/L/XL

Child's Name: _____ Sex: Male Female

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

Parent/Guardian's Name: _____

Address: _____ / _____ / _____
City State Zip

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

REGISTRATION FORM
LACROSSE at PATCHOGUE MUNICIPAL POOL
11:30 am. – 1:00 pm.

CHILD'S SWIMMING ABILITY

CAN'T SWIM

POOR

GOOD

EXCELLENT

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. If your child/children are not picked up by 1:00 p.m. there will be a late fee of \$5.00 per each 15 minutes of fraction thereof.

Signature of Parent/Guardian: _____ Date: _____

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