

CULTURAL ARTS CLASS

3 weeks AGES **8-12**
10:00 am. – 12:00 pm. (Mon & Wed)

\$55/\$75

Child's Name: _____ Sex: Male Female

Age: ____ Date of Birth: ____/____/____ Grade Going Into: ____ Allergies/Asthma/Other: _____

Address _____
City _____ State _____ 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. If your child/children are not picked up promptly 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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