

GUARD START

Time _____

\$95 / \$150

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 _____

GUARD START

Time _____

\$95 / \$150

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 _____