

## 2024 LHVP CAMP REGISTRATION: Junior Recreation Program (Grades 6-8)

A separate form is required for each child. You may obtain additional copies from the Village website.

**\*\*\*\*\*ALL FEES BELOW ARE APPLICABLE TO LLOYD HARBOR RESIDENTS ONLY.\*\*\*\*\***

<u>Child's Name:</u>		<u>Date of Birth:</u>	
<u>Grade in September 2024:</u>		<u>Parent Name:</u>	
<u>Street Address:</u>			
<u>Parent Home #:</u>		<u>Parent Cell #:</u>	
<u>Parent E-Mail:</u>			

**\*\*\*JUNIOR RECREATION (11 – 13 years old, entering 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> Grade only.)\*\*\***  
 Circle your choice of weeks (No limit to the maximum number of weeks).

July 1*	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug. 19
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**\*\*\* There will be NO CAMP on Thursday, July 4, 2024 \*\*\***

Please note your **FIRST CHOICE** and **SECOND CHOICE** of desired camp weeks:

**\*\*\*You will receive an email once your registration and payment are confirmed.\*\*\***

# of weeks \_\_\_\_\_ @ \$525 per camper per week.

**Please Note: If any portion of your registration (including payment) is incorrect or incomplete, your registration will not be processed until all questionable items have been corrected.**

### RECREATION PROGRAM RELEASE

I, as parent/guardian of \_\_\_\_\_ (“participant”), do hereby agree that participation in any Village-sponsored recreation program will be at the participant’s own risk. I acknowledge participation in the Village-sponsored recreation program involves rigorous physical activity and risks of physical injury and I expressly and voluntarily assume those risks. I further agree to waive and release the Incorporated Village of Lloyd Harbor and the Incorporated Village of Lloyd Harbor Recreation Commission, including all Village officers, elected and appointed officials, servants, agents and employees and volunteers from any and all claims against the above from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for any harm, bodily injury, including economic, physical, or mental, including death, and/or property damage incurred by myself or the participant in connection with the Village-sponsored recreation program. If any aspect of this waiver is deemed to be invalid, I acknowledge that the remainder of the agreement will continue to have full force and effect. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event. I understand and agree that no express or implied warranties have been made by the Village as to the fitness for use of the supplies, equipment, and facilities used in conjunction with any Village-sponsored recreation program. I have received and read the Lloyd Harbor Summer Club Parent Information Notice and Camp Registration Notice. I understand and agree with the information that I have received.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to: *Incorporated Village of Lloyd Harbor*

**REFUNDS OR CAMP CREDIT WILL NOT BE GIVEN FOR ANY REASON.**

Form of payment: Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Please turn over and complete the “Emergency Contact Information”. Thank you.



Lloyd Harbor Village Park Summer Camp  
Emergency Contact Information

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Where can parents be reached if not at home? (Please include area code)

Mother: Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

Father: Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.  
**All Emergency Contacts must be local. (Please include area code with phone numbers)**

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of accident or serious illness, I request Lloyd Harbor Camp to contact me. If the camp is unable to reach me, I hereby authorize the camp to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the camp may make whatever arrangements seem necessary.

Signature of parent or guardian \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Taken: \_\_\_\_\_

Other Conditions / Remarks: \_\_\_\_\_

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Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone Number \_\_\_\_\_