

2024 LHVP CAMP REGISTRATION: Summer Club Program (Grades 1-5)

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.*******

Child's Name:		Date of Birth:	
Grade in September 2024:		Parent Name:	
Street Address:			
Parent Home #:		Parent Cell #:	
Parent E-Mail:			
Campers Swim Ability (Please circle either choice):		Swimmer	Non-Swimmer

SUMMER CLUB (6 – 10 years old, entering 1st Grade – 5th Grade)

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 _____ @ \$425 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

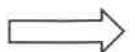
I, as parent/guardian of _____ (“participant”), do hereby agree that participation in any Village-sponsored recreation program will be at the participant’s own risk. I acknowledge participation in the Village-sponsored recreation program involves rigorous physical activity and risks of physical injury 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: _____

Local Physician's Name _____

Address _____

Office Telephone Number _____