

## 2024 LHVP "NON-RESIDENT" CAMP REGISTRATION FORM: JUNIOR RECREATION (Grades 6-8 ONLY)

A separate form is required for each child. **Make checks payable to: Village of Lloyd Harbor.**

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

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

**\*\*\*All Campers Must Be Eligible To Attend/Previously Attended Lloyd Harbor School\*\*\***

**\*\*\*West Side School Students/Laurel Hollow Residents Are NOT Eligible For Camp Enrollment\*\*\***

**\*\*\* Circle your choice of weeks. (Maximum of four. Need not be consecutive). NO CAMP ON THURSDAY, JULY 4, 2024 \*\*\***

July 1*	July 8	July 15	July 22	July 29	August 5	August 12	August 19
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\_\_\_\_\_ # of weeks @ \$575 per week/per child. **(Price valid from March 18-22, 2024 only!)**

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

### 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.

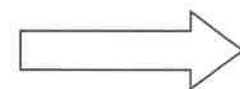
\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Make checks payable to: Village of Lloyd Harbor

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

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



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 an 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 \_\_\_\_\_

Life Threatening Allergies: \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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