

2025 CAMP REGISTRATION FORM

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

Child's Name:		Grade in September 2025:	
Date of Birth:		Parent Name:	
Street Address:			
Parent Home #:		Parent Cell #:	
Parent E-Mail:			
Campers Swim Ability (Please circle either choice):		Swimmer	Non-Swimmer

CAMP REGISTRATION OPTIONS (Please Read Carefully & Check the Appropriate Option)

<p><i>LLOYD HARBOR RESIDENTS</i></p>	<p><i>NON-RESIDENTS</i> (Must be eligible to attend Lloyd Harbor School) (Laurel Hollow residents are NOT eligible)</p>
<p><input type="checkbox"/> SUMMER CLUB \$445 Per Week (Campers Entering Grades 1-5 in September 2025)</p>	<p><input type="checkbox"/> SUMMER CLUB \$545 Per Week (Campers Entering Grades 1-5 in September 2025)</p>
<p><input type="checkbox"/> JUNIOR RECREATION \$550 Per Week (Campers Entering Grades 6 - 8 in September 2025)</p>	<p><input type="checkbox"/> JUNIOR RECREATION \$650 Per Week (Campers Entering Grades 6 - 8 in September 2025)</p>

FIRST CHOICE OF CAMP WEEKS (Please Circle)

June 30*	July 7	July 14	July 21	July 28	Aug. 4	Aug. 11	Aug. 18
----------	--------	---------	---------	---------	--------	---------	---------

ALTERNATE CHOICE OF CAMP WEEKS (Please Circle)

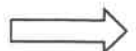
June 30*	July 7	July 14	July 21	July 28	Aug. 4	Aug. 11	Aug. 18
----------	--------	---------	---------	---------	--------	---------	---------

TOTAL NUMBER OF WEEKS: _____ TOTAL PAYMENT: \$ _____ (Check # _____)

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

**REFUNDS OR CAMP CREDIT WILL NOT BE GIVEN FOR ANY REASON.
REGISTRATION FEE IS NOT REFUNDABLE AFTER A CHILD IS ENROLLED.
WEEKS ENROLLED ARE NON-TRANSFERABLE TO OTHER CAMPERS.**

Please turn over and complete the "Emergency Contact Information" & sign the "Program Release". Thank you.



Lloyd Harbor Village Park Summer Camp
Emergency Contact Information

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

Participant's Name _____

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 _____

Allergies: _____

Medications Taken: _____

Other Conditions / Remarks: _____

Local Physician's Name _____

Address _____ Office Telephone Number _____

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: _____