

2019 LHVP "NON-RESIDENT" CAMP REGISTRATION FORM

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

Child's Name:	Date of Birth:
Grade Level in September 2019:	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***

SUMMER CLUB (6-10 years old, entering 1st grade - 5th grade) Circle your choice of weeks (maximum four, need not be consecutive).

July 1	July 8	July 15	July 22	July 29	August 5	August 12	August 19
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_____ # of weeks @ \$425 per week/per child - for all new registrants after March 9, 2019

_____ # of weeks @ \$375 per week/per child for NON-RESIDENTS that previously registered on March 9, 2019 and are ADDING ADDITIONAL WEEKS.

JUNIOR RECREATION (11-13 years old, entering grades 6, 7 or 8) Circle your choice of weeks (maximum four, need not be consecutive).

July 1	July 8	July 15	July 22	July 29	August 5	August 12	August 19
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_____ # of weeks @ \$490 per week/per child - for all new registrants after March 9, 2019

_____ # of weeks @ \$440 per week/per child for NON-RESIDENTS that previously registered on March 9, 2018 and are ADDING ADDITIONAL 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 further agree to release the Incorporated Village of Lloyd Harbor Recreation Commission, including its respective officers, servants, agents and employees from any and all claims against the above for damages due to personal injury and loss or damage to property from any cause whatsoever sustained by myself or the participant in connection with the Village-sponsored recreation program. 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 _____

Form of payment: Cash _____ 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 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: _____

Local Physician's Name _____

Address _____

Office Telephone Number _____