

TOWN OF BLOOMING GROVE SUMMER CAMP PROGRAM 2017
REGISTRATION/RELEASE FORM

Camper Name: Last _____ First _____

Please indicate which sessions of Camp and **number of hours for Before and After Camp** your child will be attending, **by CIRCLING each that applies including amount of hours for Before and After Camp:**

<u>Week:</u>	1	2	3	4	5	6	7
<u>Before Camp:</u>	1	2	3	4	5	6	7
one hr / two hrs							
<u>After Camp:</u>	1	2	3	4	5	6	7
one hr / two hrs							

TOTAL SESSIONS: _____

CAMP T-SHIRT SIZE (Please check one): ___ Youth Large (14/16)
 ___ Adult Small
 ___ Adult Medium
 ___ Adult Large
 ___ Adult X-Large

PARTICIPATION/PERMISSION SLIP & RELEASE

In consideration of the Town granting and continuing permission for use of its facilities, programs and personnel, I hereby authorize my child, whose name appears on this form, to participate in the Town of Blooming Grove Recreation Program to travel to and from facilities and events conducted by the department.

I hereby release the Town of Blooming Grove and its employees from any liability, claims, damage, or expense sustained by my child in connection with such participation.

In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment to include evaluation for injuries, X-ray, and any needed care. I understand the group leader will try and contact me in case injury occurs.

I have explained to my child that he/she is to obey the Town of Blooming Grove Staff and is to follow rules and regulations set forth by them.

There are NO refunds, unless the Town of Blooming Grove cancels a program.

Print Parent/Guardian Full Name

X _____
Parent/Guardian Signature

Blooming Grove Rec use only-----

Receipt #: _____ Cash/Check/M.O#: _____ Amount Paid: \$ _____
 Payee last name (if different from camper name): _____ Balance Due: \$ _____