

SUMMER RECREATION REGISTRATION

(PLEASE COMPLETE ONE FORM PER CHILD) For this year's K-6 students

Child's Name _____ 2023-2024 Grade : _____ Age: _____

Address: _____

Please list any medical concerns (including any and all allergies): _____

	Mother/Guardian	Father/ Guardian
NAME		
HOME PHONE #		
WORK PHONE #		
CELL PHONE #		

Please provide information for 2 emergency contacts (other than parents) that are in close proximity to the program and can be reached during the day. We will always attempt to contact the parent first.

	Emergency Contact #1	Emergency Contact #2
NAME		
HOME PHONE #		
WORK PHONE #		
CELL PHONE #		

The following individuals (in addition to parent/guardian and emergency contacts listed above) are allowed to sign out my child from the program.

	Name	Home Phone	Work Phone	Cell Phone
1				
2				

___ My child has my permission to walk to and from the Summer Recreation Program. If my child is going to be picked up I will provide a note stating who will be picking him/her up.

Participation by your child in the Recreation Program is voluntary. The undersigned shall indemnify and hold harmless the Towns of Clarendon and Murray, and the Village of Holley, and the Holley Fire Department from any liability, loss or damage on account of any injury to persons, property or both, arising from the undersigned's participation in the Holley Joint Youth Recreation Program. Children must remain within the designated areas as instructed by the counselors or supervisors. Fighting, foul language or other negative behavior will not be tolerated. Any child not willing to abide by these rules will be prohibited from attending the program.

Parent/Guardian Signature

Date

Please check off all dates that your child will be attending the Summer Recreation Program

___ Week 1: July 9 and 10

___ Week 3: July 23 and 24

___ Week 5: August 6 and 7

___ Week 2: July 16 and 17

___ Week 4: July 30 and 31

___ Week 6: August 13 and 14