

2024 SUMMER CAMP REGISTRATION FORM



) (First)	(Date of Birth/ Age)	
Address:	P1	Primary Phone #:	
E-Mail Address:			
Parent/Guardian:	Work#:	Cell#:	
Parent/Guardian:	Work #:	Cell#:	
Em	ergency Contact (Must provide photo	o I.D. when picking up)	
Name:	Phone#:	Authorized to pick up? Yes No	
Name:	Phone#:	Authorized to pick up? Yes No	
Name:	Phone#:	Authorized to pick up? Yes No	
Name:	Phone#:	Authorized to pick up? Yes No	
	ge Group: 5-6 7-8	F TYPE: Cash, Check or Credit Card 9-10 11-12	
	-		
	ge Group: 5-6 7-8	9-10 11-12 0 - June 28	
	ge Group: 5-6 7-8	9-10 11-12 0 - June 28 - July 19	
	ge Group: 5-6 7-8	9-10 11-12 0 - June 28 - July 19	
The Participant and his/her pathrough the use of the City of for any repair and/or replacem of equipment. The Participan harmless the City, its officia successors and assigns, and attorney's fees and expenses "Liabilities") arising from, bathe Participant or his/her pare in the Summer Camp and re-	Ge Group: 5-6 7-8 ☐ Session 1 - June 10 ☐ Session 2 - July 1 ☐ Session 3 - July 2 Financial ("Participant") assure the costs for damages to City facilities and his/her parent or guardian agais, employees, agents and representation waive all liabilities, losses, damages associated upon or relating to personal injurent or guardian sustained in any way is lated activities/programs. Furthermo	9-10 11-12 0 - June 28 - July 19 2 - August 9 mes all risk of possible damage or injury or deales. The Participant agrees to compensate the Cites or equipment as a result of Participant's misurgrees to release, discharge, indemnify and hontatives and all of the fore going's respective, costs, expenses (including, but not limited the many of any nature whatsoever (collectively, the ry or death to, or damage or loss of property in connection with the Participant's participationer, I give permission to the City to film and/ore, I give permission to the City to film and/ore, I give permission to the City to film and/ore.	
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Age Group:______
T-Shirt Size:_____
Sibling/Age:_____
Receipt #:_____