



LUCKNOW & DISTRICT RECREATION SUMMER DAY CAMP 2010 REGISTRATION FORM

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH (DD/MM/YYYY): _____

PHONE NUMBER: _____

COMPLETE ADDRESS: _____

PARENTS / GUARDIAN: _____

HEALTH CONCERNS: _____

SESSIONS

WEEK 1 (JULY 5TH – JULY 9TH) _____ WEEK 2 (JULY 12TH – JULY 16TH) _____

WEEK 3 (JULY 19TH – JULY 23RD) _____ WEEK 4 (JULY 26TH – JULY 30TH) _____

WEEK 5 (AUGUST 2ND – AUGUST 6TH) _____ WEEK 6 (AUGUST 9TH – AUGUST 13TH) _____

WEEK 7 (AUGUST 16TH – AUGUST 20TH) _____

FEES

DAILY: \$25/CHILD _____ WEEKLY: \$100/CHILD _____ FAMILY: \$200/WEEK _____

AMOUNT PAID: _____

PLEASE READ CAREFULLY

Please Note: Early drop off and late pick up available if organized with supervisor ahead of time.

Photo Release: I authorize use of any photo taken during participation in the above program.

Consent: This consent recognized that all reasonable precautions will be taken to prevent accidents or injuries. Permission is given to allow supervisors or team management to seek emergency medical treatment.

Approvals: I hereby give permission for my child to participate in the LUCKNOW DAY CAMP for the current 2010 season.

Signature of Parent/Guardian