Neptune Recreation Lego Camp Registration 2015

Telephone: (732) 869-1202

| Child's Name | Age: |
|--|---|
| Address: | Phone: |
| Email Address: | |
| (During program time) #1 Emergency Contact / Relationship : | Phone: |
| #2 Emergency Contact / Relationship : | Phone: |
| Liability Release Name/s) would like to participate in the Lego Camp Recreation. The program supervisors / leaders / ai abide by all safety and procedural regulations requi activities. | des / employees and / or volunteers agree to |
| I acknowledge the risks and potential for risks inherer However, I feel the possible benefits to myself / my so risk assumed. I hereby, for myself and for | |
| waive and release all damages against the Township and Lego Camp, for any and all injuries and / or losse sustain while participating in the Lego Camp program | s I / my son / my daughter / my ward may |
| Drop Off / Pick Up By registering your child for participation in our Lego and end times of the program, 9am – 12 noon grades dropped off and picked up by an adult (in person) rep | k-2, 1-4pm grades 3-6. Children should be |
| No Refund Policy Due to program space limits, please note that there a Camp begins. | re no refunds issued, for any reason, once Lego |
| Photo Release Please note that we periodically photograph participa activities. By registering your child for participation in give us the permission to use the photographs we take | our Lego Camp program, you automatically |
| I have read and agree to above terms of participat | ion. |
| Date: Signature: | |
| Parent / Guardian | |
| Make check payable to: Neptune Recreation | 2201 Heck Avenue, Neptune, NJ 07753 |
| · | Paid \$ check / cash Init |