Neptune Recreation Lego Camp Registration 2016

Telephone: (732) 869-1202

Child's Name	Age:
Address:	Phone:
Email Address:	
(During program time) #1 Emergency Contact / Relations	ship:Phone:
#2 Emergency Contact / Relations	ship:Phone:
Liability Release	
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	st the Township of Neptune and its representative personnel es and / or losses I / my son / my daughter / my ward may Camp program.
and end times of the program, 9am -	ion in our Lego Camp program, you agree to adhere by the start 12 noon grades k-2, 1-4pm grades 3-6. Children should be t (in person) reporting such to the program staff.
No Refund Policy Due to program space limits, please r Camp begins.	note that there are no refunds issued, for any reason, once Lego
activities. By registering your child for	ograph participants in our program as they participate in group or participation in our Lego Camp program, you automatically tographs we take for promotional purposes.
I have read and agree to above terr	ns of participation.
Date: Signature	:
Parent / G	Guardian
Make check payable to: Neptune R	ecreation 2201 Heck Avenue, Neptune, NJ 07753
Office Use Only: Date Reg rec'd	