

INC. VILLAGE OF LYNBROOK RECREATION DEPARTMENT

55 WILBUR ST., LYNBROOK, NY 11563 WWW.LYNBROOKVILLAGE.NET Phone (516) 599-8000 Fax: (516) 593-8311
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ALL FEES MUST BE PAID AT THE TIME OF REGISTRATION

Please check one: Inc. Village of Lynbrook Unincorporated/School District 20 Non-Lynbrook Resident

DATE: _____

For Official Use Only:		
CASH RECEIPT # _____	CHECK #: _____	CREDIT CARD RECEIPT # _____

PROGRAM NAME #1: _____	FEE #1: _____
PROGRAM NAME #2: _____	FEE #2: _____
PROGRAM NAME #3: _____	FEE #3: _____
PROGRAM NAME #4: _____	FEE #4: _____
PROGRAM NAME #5: _____	FEE #5: _____
PROGRAM NAME #6: _____	FEE #6: _____
	SUM: _____

PARTICIPANT'S NAME: _____ LEGAL GUARDIAN NAME: _____

MAIN PHONE #: _____ EMERGENCY PHONE # & RELATIONSHIP _____

ADDRESS: _____ TOWN / ZIP: _____

DATE OF BIRTH OF PARTICIPANT _____ SEX: M / F

Any Allergies or Special Needs? If so, please describe: _____

EMAIL (Communication will be via email): _____

Your participation in a Recreation program provides consent to the Recreation Department to use photos and stories providing information about the Recreation and its programs to the public.

I, _____, Parent or Legal Guardian of _____ (participant) hereby covenant and agree to indemnify, release and hold harmless the: Inc. Village of Lynbrook, all of the elected and appointed officers, directors, employees, volunteers, and/or agents, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for any harm, bodily injury including economic, physical, or mental, including death, or property damage caused by the negligence of the Village or otherwise incurred by me, to the fullest extent permissible by law, arising out of my participation in _____ (Name of program or event) I understand participation in _____ (name of program or event) involves rigorous physical activity and risks of physical injury, and I assume the risks. I hereby give consent for transportation and treatment of myself in the event of illness or injury. I hereby accept responsibility for the payment of any transportation or treatment costs. I further certify that I am in good physical condition, and that I have no medical or physical conditions that would restrict my participation in this event.

Name of Minor: _____

PRINT Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____