

VILLAGE OF BABYLON
SUMMER RECREATION FORM

Student's Name: _____ Male _____ Female _____

Home Address: _____

Telephone Number: _____ Age _____ Date of Birth _____

School Attended _____ Grade entering in September _____

In Case of Emergency: Please contact: _____

Telephone Number _____

Circle activity you are participating in and the session/time:

Basketball	/	Gymnastics	/	Tennis
<u>1</u>		<u>1</u>	<u>2</u>	
8 - 9:45		10 - 11:45	8 - 9:45	10 - 11:45

PARENTS MUST SIGN WAIVER BELOW

WAIVER

In consideration of the Village of Babylon Summer Program accepting my son/daughter in its program for the following events:

I hereby for myself, my heirs, executors, assignees and administrators, WAIVE AND RELEASE any and all claims for damages I may have against the Village of Babylon, its agents, servants and employees, for any and all personal injuries suffered by my son/daughter and myself, while participating in said Summer Program. I also WAIVE AND RELEASE any and all rights and claims for damages I may have against other agencies sponsoring any events in conjunction with said program, their agents, servants and employees, for any and all injuries suffered by my said son/daughter or myself while participating in said Program.

I certify that to the best of my knowledge and belief, my son/daughter is in good physical condition and has no disease or injury that would impair participating in said program nor does he/she possess any physical impairment that would pose a threat to him/her or any other participant.

WAIVER MUST BE SIGNED AND SUBMITTED WITH THE REGISTRATION FORM ABOVE BEFORE BEING ACCEPTED IN THE SUMMER PROGRAM.

PLEASE PRINT:

Parent or Guardian Name _____ Date _____

Address: _____

Telephone Number: _____ Relationship: (Circle One)
Mother Father Legal Guardian

SIGNATURE _____

WAIVER MUST BE SIGNED!!!!