



City of Lambertville

18 York Street, Lambertville, NJ 08530

609-397-0110

Summer Recreation Program

Registration Form

Fee: \$60 per week per child/\$10 Discount for Second Child When Enrolled the same week.

Please check the box above the designated week(s) that your child will attend the summer program.

Registration week selection table with checkboxes for JUNE 24-28, JULY 1-12, JULY 15-19, JULY 22-26, and JULY 29-AUG 2.

FEE PAID: PAY AS YOU GO! PAYMENT METHOD: Sign up at the beginning of the season and pay for attendance at the beginning of each week of camp.

CHILD'S NAME AGE

PARENT/GUARDIAN HOME PHONE NUMBER CELL PHONE NUMBER

ADDRESS CITY/STATE/ZIP CODE

EMAIL ADDRESS:

EMERGENCY CONTACT

EMERGENCY CONTACT PHONE NUMBER

PLEASE LIST THE NAMES AND PHONE NUMBERS OF THOSE AUTHORIZED TO PICK UP YOUR CHILD

Table with 2 columns: NAME, PHONE NUMBER

NAME PHONE NUMBER

NAME PHONE NUMBER

NAME PHONE NUMBER

CHILD'S MEDICAL CONDITIONS OR ALLERGIES

RELEASE OF LIABILITY:

I, _____, parent/guardian of _____, agree to release, indemnify and hold harmless the City of Lambertville, County of Hunterdon, from and against any loss, damage or liability, including attorney's fees and expenses incurred by the latter entrees and their respective employees, agents, volunteers or other representatives arising out of or in any manner relating to the summer recreation program.

I give permission for my child/children to walk home.

Date _____

Please print your name: _____