

**CLYDE RECREATION DEPARTMENT
REGISTRATION**

KIDS CAMP - 5YRS-12YRS

PLEASE PRINT CLEARLY

CHILD'S NAME: _____

PRESENT AGE: _____ GRADE (going into): _____

PHONE #: _____

EMERGENCY CONTACT #: _____ Relationship: _____

ADDRESS: _____

PARENTS PLEASE READ

MY SIGNATURE BELOW INDICATES I UNDERSTAND THAT I ASSUME FULL RESPONSIBILITY FOR ANY INJURY TO MY CHILD OR PERSONAL LOSS INCURRED WHILE HE OR SHE IS PARTICIPATING IN ANY CLYDE RECREATION DEPARTMENT ACTIVITY, AND ALSO RELEASES THE CITY OF CLYDE, THE RECREATION BOARD, AND ALL EMPLOYEES OF THE RECREATION DEPARTMENT FROM ANY LIABILITY FOR INJURY OR PERSONAL LOSS.

ALSO PLEASE REMEMBER THAT THE PURPOSE OF THIS PROGRAM IS FOR YOUR KIDS TO LEARN, EXERCISE & HAVE FUN. THEREFORE HARASSMENT OF PEERS, GROUP LEADERS OR ANYONE INVOLVED WITH THIS PROGRAM WILL NOT BE TOLERATED.

Print Parent/Gaurdian Name: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

FEES FOR EACH SESSION ARE:

ONE CHILD----- -checks may be written out to Clyde Recreation Department

THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN & ALL FEES PAID BEFORE ATTENDING CAMP.

CIRCLE ONE OR BOTH

SESSION 1 (June 10 – July 5)

SESSION 2 (July 8 – August 2)