

INC. VILLAGE OF LYNBROOK RECREATION DEPARTMENT

55 WILBUR ST., LYNBROOK, NY 11563 WWW.LYNBROOKVILLAGE.NET Phone (516) 599-8000 Fax: (516) 593-8311
Facebook Page: www.facebook.com/lynbrookrecreationdepartment

GREIS PARK PRESCHOOL 4 YEAR OLD PROGRAM

Monday/Wednesday/Friday:

Circle one: MORNING (8:40 – 11:40) OR AFTERNOON (12:20 – 3:20)

Deposit Paid: _____ Copy of Immunization Records _____ Copy of Birth Certificate _____

CHILD'S NAME: _____ TELEPHONE#: _____

ADDRESS: _____ TOWN / ZIP: _____

DATE OF BIRTH _____ SEX: M / F

KNOWN ALLERGIES/ANYTHING THAT WE SHOULD KNOW? _____

MOTHER'S / FATHER'S NAME: _____ CELL #: _____

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 **GREIS PARK PRESCHOOL**.

I understand participation in **GREIS PARK PRESCHOOL** involves physical activity and risks of physical injury, and I assume the risks. I hereby give consent for transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any transportation or treatment costs.

Name of Minor: _____

Name of Parent or Legal Guardian: _____

Address: _____

Phone: _____

Signature: _____