

LYNNFIELD RECREATION STATION

Camper Registration Form

July 7 to August 7

9 am to 12 pm

FEE: \$100 for the first child with a maximum of \$175 for the family

Child Name, age and grade completed:

1 _____

2 _____

3 _____

4 _____

Amount enclosed: \$ _____

Parents Name: _____

Phone: _____ Cell: _____

Email: _____

Emergency Name and Phone Number:

1 _____

2 _____

Physician Name and Phone Number:

Does your child have any limitations or concerns (ie food allergy or diagnosed disabilities):

I understand as parents/legal guardian of _____, a minor, hereby consent to my child's participation in voluntary athletic or recreation programs of the town of Lynnfield. I understand that if my child does not adhere to the rules of our program, he or she will not be allowed to participate.

Signature parent/guardian: _____; date _____

Mail registration and payment to: Lynnfield Recreation, 55 Summer St, Lynnfield MA 01940