2011 BASKETBALL CAMP

APPLICATION

Afternoons of the week of August 15th - August 19th Tentative Times: 3:00 – 4:30 PM: **AGES 8 to 13**

Please note that all fees are **non-refundable.** Checks Only. Your cancelled check will act as your receipt.

		No. of Children	
Weekly Fee	$60 per child	_____	$_____

Make Check Payable to: Village of Saltaire and mail to PO Box 5551, Bayshore, NY 11706

NAME OF CHILD	AGE	NAME OF CHILD	AGE
_____	_____	_____	_____
_____	_____	_____	_____

1. FIRE ISLAND ADDRESS _____
2. FIRE ISLAND PHONE _____
3. PERMANENT ADDRESS _____
4. PERMANENT PHONE _____
5. PARENT(S) NAME _____
6. EMERGENCY NAME _____
7. EMERGENCY PHONE _____

The Recreation Program provides limited accident insurance coverage for each child during participation in camp activities. The terms and conditions of the policy are available through the Village Office. It is not in any way a substitute for family medical coverage.

I give permission for emergency diagnostic and therapeutic procedures, including hospitalization, securing proper treatments, injection of medication, anesthesia or surgery as may be deemed necessary for my child by the medical personnel in charge of care at the time; and also provide information concerning my child's medical condition to the responsible officials when deemed necessary. My child is in good health and has my permission to enroll and participate. My child has no previous sickness, illness, disease or bodily injury which is in any way a constraint or restriction to his/her participation in the Basketball Camp.

_____		_____
PARENT'S NAME		PARENTAL DESIGNEE'S NAME
	OR	
_____		_____
PARENT'S SIGNATURE		DESIGNEE'S SIGNATURE