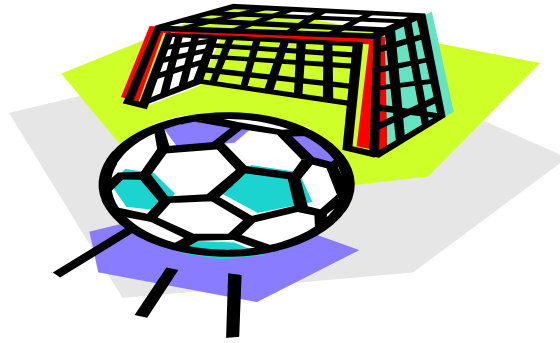


2012 SOCCER CAMP



APPLICATION

Afternoons of the week of August 6th - August 10th, 2012. Tentative Times: 2:00 – 4:00 PM
AGES 5 to 12

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

No. of Children

Weekly Fee

\$110 per child

\$ _____

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

Table with 4 columns: NAME OF CHILD, AGE, NAME OF CHILD, AGE. Includes two rows of blank lines for entry.

- 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 Soccer Camp.

PARENT'S NAME

PARENTAL DESIGNEE'S NAME

OR

PARENT'S SIGNATURE

DESIGNEE'S SIGNATURE