



**City of Lambertville**  
**18 York Street, Lambertville, NJ 08530**  
**609-397-0110**

**Summer Recreation Program**  
**Registration Form**

**Fee: \$60 per week per child/\$10 Discount for Second Child When Enrolled the same week.**

Please check the box above the designated week(s) that your child will attend the summer program.

<input type="checkbox"/> <b>JUNE 25-29</b>	<input type="checkbox"/> <b>JULY 2 – 6</b> <i>NOTE: Camp is closed on July 4th</i>	<input type="checkbox"/> <b>JULY 9 -13</b>	<input type="checkbox"/> <b>JULY 16-20</b>	<input type="checkbox"/> <b>JULY 23-27</b>	<input type="checkbox"/> <b>JULY 30-AUG 3</b>
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<b>FEE PAID:</b>	<b>PAY AS YOU GO!</b>
<b>PAYMENT METHOD:</b>	<i>Sign up at the beginning of the season and pay for attendance at the beginning of each week of camp.</i>
<b>CHILD'S NAME</b>	<b>AGE</b>
<b>PARENT/GUARDIAN</b>	<b>HOME PHONE NUMBER</b>
	<b>CELL PHONE NUMBER</b>
<b>ADDRESS</b>	<b>CITY/STATE/ZIP CODE</b>
<b>EMAIL ADDRESS:</b>	
<b>EMERGENCY CONTACT</b>	
<b>EMERGENCY CONTACT PHONE NUMBER</b>	
<b><i>PLEASE LIST THE NAMES AND PHONE NUMBERS OF THOSE AUTHORIZED TO PICK UP YOUR CHILD</i></b>	
<b>NAME</b>	<b>PHONE NUMBER</b>
<b>NAME</b>	<b>PHONE NUMBER</b>
<b>NAME</b>	<b>PHONE NUMBER</b>
<b>CHILD'S MEDICAL CONDITIONS OR ALLERGIES</b>	

**RELEASE OF LIABILITY:**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, agree to release, indemnify and hold harmless the City of Lambertville, County of Hunterdon, from and against any loss, damage or liability, including attorney's fees and expenses incurred by the latter entrees and their respective employees, agents, volunteers or other representatives arising out of or in any manner relating to the summer recreation program.

I give permission for my child/children to walk home.

\_\_\_\_\_ Date \_\_\_\_\_

Please print your name: \_\_\_\_\_