

# BOYS BOOTCAMP

## 2021 Summer Entry Form

(FLEXIBILITY, AGILITY, & STRENGTH TRAINING)

NAME AGE DATE OF BIRTH

PARENT'S NAME

(HOME) TELEPHONE (WORK) (CELL) yes no  
(text)

MAILING ADDRESS CITY ZIP

EMAIL ADDRESS

GRADE ENTERING SCHOOL

FEE \$50.00 RECEIPT NO.

CHECK PAYABLE TO BROOKHAVEN RECREATION DEPT.

**June 21-25**

**FOR BOYS ONLY (Must have 6 to make a class)**

**Age 5-8** \_\_\_\_\_

**5 classes (1 week Monday-Friday)**  
**Will call and give time.**

**OVER**

**RELEASE BY PARENT OR GUARDIAN**

I \_\_\_\_\_, AM THE NATURAL PARENT AND/OR  
PARENT  
GUARDIAN OF THE MINOR CHILD \_\_\_\_\_ WHOSE  
BIRTHDAY IS child \_\_\_\_\_.

BIRTHDAY  
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN  
AND ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO  
PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

Boys Boot Camp

DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND  
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY,  
(OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD  
MAY

EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A  
RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID  
CITY AND DEPARTMENT.

I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND  
DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR  
MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY  
SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT  
RECREATIONAL ACTIVITIES. I HAVE READ AND UNDERSTOOD THE ABOVE  
RELEASE AND AGREE TO ITS TERMS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_