

BOYS BOOTCAMP

2022 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 RECEIPT NO.

CHECK PAYABLE TO BROOKHAVEN RECREATION DEPT.

June 20-23 (Monday-Thursday)

Will call for time.

FEE: \$50.00

FOR BOYS ONLY (Age 5-8)

(Must have 6 to make a class)

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 _____