

2015
VILLAGE OF CELORON
SUMMER RECREATION PROGRAM
REGISTRATION FORM
(for Children, ages 5 through 12)

CHILD'S NAME: _____ AGE: _____ DATE OF BIRTH: _____
_____ BOY _____ GIRL (BIRTH CERTIFICATE PRESENTED _____)

CHILD'S T-SHIRT SIZE:
(Circle one) YOUTH: XS S M L XL OTHER _____

YOUR NAME: _____ RELATIONSHIP TO CHILD: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PROOF OF RESIDENCE: _____
Acceptable proofs include: Rent Receipt, Utility Bill, Taxes, Driver's License, Income Tax Form

YOUR PHONE NUMBER: (H) _____ (C) _____

MEDICAL LIMITATIONS (if any): _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

YOUR SIGNATURE: _____

Summer Recreation Days: Tuesdays, Wednesdays, Thursdays: June 30th through July 23rd