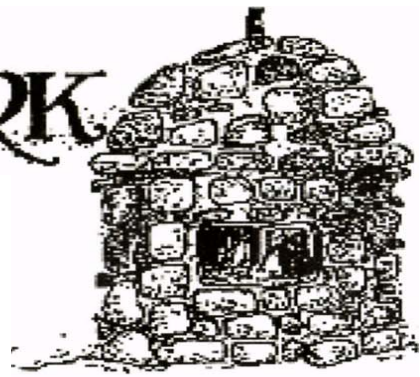


SMITH'S CLOVE PARK

EST 1945

133 Spring Street
Monroe, New York 10950
Phone # (845) 783-9108

Web Page www.smithsclovepark.org
For Information call Joe @ 783-9108



Monroe Summer Basketball Camp 2009

Player's Name: _____ **Age** _____
Print Last Name Print First Name as of 7/6/09

Address: _____ N.Y. _____
Street Town Zip Code

Telephone # _____ **Cell #** _____ **Male** _____ **Female** _____

****Park ID #** _____ **Shirt Size: Child S M L Adult S M L XL**
Circle one

e-mail address _____ @ _____

League Dates:

Starting July 7 to August 13

Section	Age	Weekday	Time	Resident*	Fee
					Non-resident
Co-ed Instructional	6-9	Tues & Thurs	5:30-6:30pm	\$40	\$55
Co-ed Juniors	10-13	Tues & Thurs	6:30-7:30pm	\$40	\$55
Co-ed High School	14-17	Tues & Thurs.	7:30-8:30pm	\$50	\$65

*A resident lives in the Village of Monroe or the unincorporated Town of Monroe

** Applicant or parent/guardian without Park ID will be charged non-resident rate

Registration Dates: (at the Smith's Clove Park Office) No Refunds

Monday – Thursday	May 11 to June 11	12:30 PM to 2:30 PM
Wednesday Evenings	May 13 to June 3	6:00 PM to 8:00 PM
Thursday, June 4		7:00 PM to 9:00 PM
Tuesday, June 9		7:00 PM to 9:00 PM
Saturday, June 13		11:00 AM to 1:00 PM

I hereby authorize the directors and administrators of the Smith's Clove Park Basketball Summer league to act for the players according to their best judgment in any emergency requiring medical attention. I hereby release the Monroe Joint Park and Recreation Commission and all its affiliates from any and all liability. I certify that the applicant has no physical condition that would restrict his/her activity or prevent participation.

_____/_____/2009

Parent Name (Print) _____ **Parent Name (sign)** _____ **Date:** _____
_____/_____/2009

Player Name (sign) _____ **Date:** _____

Forms available: @ www.smithsclovepark.org, and the Park Office,

Emergency Information

Please print and complete for Child.

Name _____ Birth Date _____
First Last

Address _____ Home Phone _____
Street City

NY _____ **Parent's/Guardian's Park ID#** _____
State Zip

○ **Father's / Guardian's full name:** _____

Work phone: _____ Cell phone: _____

Email: _____

○ **Mother's / Guardian's full name:** _____

Work phone: _____ Cell phone: _____

Email: _____

○ Child lives with: ____ Parents ____ Father ____ Mother ____ Guardian ____ Other

Every effort will be made to contact parent first unless otherwise specified _____

○ **Emergency contact name:** _____ **Phone:** _____

Medical Information & Liability Release

MEDICAL INFORMATION:

○ Family physician's Name _____ Phone _____

○ Date of last tetanus shot: _____

○ **Allergies**, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug _____

Animal _____ Other _____

○ My child requires the following medicine: _____ Frequency _____

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact the emergency contact person or me. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless the Monroe Joint Park Recreation Board, the Town and Village of Monroe, their employees, and volunteer staff from any liability.

Signature of Parent or Legal Guardian Date _____