



\$20.00 PER CHILD OR \$60.00 PER FAMILY

MAKE CHECK PAYABLE TO: MILLERVILLE SUMMER REC

Name(s) of child(ren) participating and grade they are in now:

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*\*Please circle the phone number that would be the first number we should call.*

Father/Gaurdian\_\_\_\_\_

Work & Home Phone\_\_\_\_\_

Mother/Gaurdian\_\_\_\_\_

Work & Home Phone\_\_\_\_\_

Authorized Emergency Person\_\_\_\_\_

Phone Number\_\_\_\_\_

Special Health, Emergency, or other information:

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I the undersigned, give permission to the above named child(ren), over whom I have legal supervision, to participate in this Summer Rec Activity. I do not hold the City of Millerville or Millerville Summer Rec responsible for any personal injury, damage or loss of property while participating in this program.

Parent/Guardian

Signature\_\_\_\_\_

Date\_\_\_\_\_