

**FLORAL PARK RECREATION CENTER 2024 SUMMER YOUTH PROGRAMS**

**PERMISSION / REGISTRATION FORM**

REQUIRED PROOF: VFP 2024/2025 LEISURE PASS/ CURRENT VFP RESIDENT POOL PASS & BIRTH CERTIFICATE

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_ GRADE OF SEPT. 2024 \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERSON TO CONTACT OTHER THEN SELF IN CASE OF EMERGENCY

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE CHECK  THE PROGRAM & TIME OF YOUR CHOICE

**PRE-SCHOOL PROGRAM**

**Ages 3 to 5**

Monday & Wednesday 10:30AM - 11:30AM or  Tuesday & Thursday 10:30AM - 11:30AM

**PRIMARY GRADE RECREATION PROGRAM**

**Ages 5 to 10**

Monday thru Thursday

9:30AM - 10:30AM or  10:30AM - 11:30AM

**ARTS & CRAFTS PROGRAM**

**Ages 5 to 10**

Monday & Wednesday 8:30AM - 9:30AM or  Tuesday & Thursday 9:30AM - 10:30AM

**PERMISSION FORM**

I hereby apply for enrollment in the above applied for program as chosen at the Floral Park Recreation/Pool Complex. I understand as the patron/member individually, and/or acting on behalf of enrolled in full that I shall be liable for any property damage and/or personal injury (caused by a member, guest or any other persons) at the V.F.P. Recreation/Pool Complex for the above program applied for, during any activity, function, arranged or sponsored event. It is my obligation to pay for any costs involved upon presentation of a statement thereof. I understand there will be no refunds given. Any falsification in the application information can result in the cancellation of enrollment in the program without refund. I understand we assume responsibility for our own health, and/or that of the children as listed, and that we are healthy enough to participate in any and all activities associated in membership. Participation in any and all activities, functions, arranged or sponsored event shall be at such person's own risk. I agree the Inc. Village of Floral Park, the Floral Park Pool, the V.F.P. Recreation Center, employees, and residents shall not be liable for any injuries or damage, including those caused by bacteria or virus, to such persons, or the property of such persons, or be the subject to any claim, demand, injury, actions or causes of action or damages, and I hereby waive, release, absolve, indemnify and agree to hold them harmless from any claim. I also acknowledge reading and agree to the policies and rules of the V.F.P. /Recreation Pool as the prerequisite to membership, and participation in any programs. I agree that any photos taken of members and their guests may be used at the discretion of the V.F.P. Recreation/Pool Department or the Incorporated Village of Floral Park. The village of Floral Park reserves the right to add or to modify the regulations when necessary.

I (Print Parent's Name) \_\_\_\_\_ give my son / daughter permission to participate in the Village of Floral Park 2024 Summer Youth Program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Proof: 2024/2025 V.F.P. Leisure Pass / CURRENT VFP Resident Pool Pass

Recreation Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_