

2022 SUMMER YOUTH CAMPS REGISTRATION FORM

ONE FORM PER CHILD: \$30 EACH OR 3 FOR \$75

Child's Name: _____ DOB: _____ / _____ / _____

Address: _____ Age: _____ Grade: _____

City: _____ State: _____ Zip code: _____

Name of Parent/Guardian: _____

Any Allergies or Disabilities: _____

E-mail: _____ Phone: _____

Please select camp(s) for participation:

Baseball:

Tumbling:

Off Ice Skills:

Basketball:

Soccer:

Volleyball:

Cheer:

Lacrosse:

Track and Field:

Softball:

Museum to Studio:

Please return forms at City Hall, Suite 6, Monday-Thursday, 8:00 AM – 4:00 PM, through City Halls drop off box on Caroline Street or mailed to Recreation Department, 330 Ford Street; Ogdensburg, NY 13669. Payment options are cash or check. Checks made payable to "City of Ogdensburg". For more information, please email Mackenzie at mcole@ogdensburg.org.

PLEASE READ AND SIGN BELOW

I hereby give my child permission to participate in all the activities related to the program(s) registered, which may include being transported by bus. I do further hereby release, absolve, indemnify, and hold harmless the City of Ogdensburg, the Ogdensburg School District, all sponsors and supervisors from any and all liability. I acknowledge there will be no refunds.

Signature Parent/Guardian