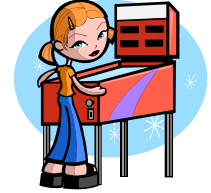




New Roc!!

Who: All Groups

Location: New Roc City, New Rochelle, NY



When: Wednesday, July 13th
(FIRST COME FIRST SERVE)

Deadline: Friday, July 8th SPACE IS LIMITED
(No permission slips will be accepted after Deadline)

Cost: \$10 per camper
Please make checks payable to Port Chester Recreation

Time: Campers should be dropped off and picked up at the regular time

**** There will be NO camp if the child does not attend the trip****

Day Camp – New Roc Cost: \$10

Child's name _____ Phone # _____

Address _____

Emerg # _____ Contact Person _____

Business # _____ Special Concerns _____

I agree that the Village of Port Chester Recreation Department, the Village itself, and each of it's officers, members, employees, and agents blameless for injury sustained by my child, however caused, in the course Port Chester Recreation Day Camp as described above, and I agree that neither I nor anyone on my behalf shall prosecute any claim or course of action against the Village of Port Chester, the Recreation Department or any of it's officers, members, employees or agents because of any such injury, however caused. I understand that the Village of Port Chester does not carry accident insurance.
I have informed the Port Chester Recreation Department of any physical restrictions or limitations my child may have. In the event of an accident or illness. I give permission for my child to receive medical treatment.

Parent/Guardian _____ Date _____