

Pembroke Youth Recreation Program Registration Card

Sponsored by the Pembroke Central School District

Date _____

Name _____

Phone _____

Entering Grade _____

Address _____

Parent/Guardian Name _____

Emergency Contact & number _____

2nd Emergency Contact & number _____

Physicians Name and phone number _____

Allergies, Medication or other important information: **PLEASE INCLUDE FOOD ALERGIES**

*****Transportation Information – Due by 5/14/18*****

Pick up address _____

Drop off address _____

Dates camper will not be attending the program (if any) _____

Parental Consent Form

Date _____

Name _____ has my permission to participate in the Pembroke Summer recreation Program for July 9 – August 2, 2018.

(Program includes Swimming, Crafts, Food and Nutrition, Games and Outdoor activities)

Parent or Guardian Signature

Please print and return form to your child's school. OR attach to an email and send to mlinsenbigler@pembrokecsd.org by the due date indicated above.

