

Submit this completed form to: [LOV@LOV.ORG](mailto:LOV@LOV.ORG) and we will email you your confirmation number.



# 2023 LOV - SUMMER RECREATION Registration Form

The fee for registration is **\$20 per child, per session**. Kindly indicate the preferred session(s) in which your child intends to participate and furnish us with the requisite information for processing your registration.

6/26 - 6/29 \_\_\_ 7/10 - 7/13 \_\_\_ 7/17 - 7/20 \_\_\_ 7/24 - 7/27 \_\_\_ 7/31 - 8/3 \_\_\_

- Please charge my Credit Card below for the Registration Fee: \_\_\_\_\_
- Call me to take my payment over the phone.

VISA / Mastercard / AMEX

Name on CC: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CC#: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Parental Liability Release & Consent Form

I hereby release LOV, the State of California, the Board of Directors and their officers, employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. The above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release LOV, the State of California, the Board of Directors, the City of Newark, and their officers, employees and agents and volunteers for any loss property, damage, personal injury, accident, or misfortune to the above name, with the understanding that reasonable precautions shall be taken to ensure the health and safety of above name.

### Participation Waiver

In consideration for participating in LOV's, Summer Recreation in the Parks Program (Camp),

I assume responsibility for all my actions AND my child's actions, while at the designated program parks, associated facilities, traveling to and/or from any such facility, or engaged in an activity under the supervision of the Summer Camp team leader, volunteers and LOV's staff.

I understand that my child may appear in photographs taken during participation in the program, and that while all precautions will be taken to protect and hold private any and all personal identifying information, these pictures may be used as program promotions and highlights in LOV's newsletter (LOV NOTES) and on our website ([www.lov.org](http://www.lov.org)). At no time will your child's name or any other personal identifying information about above child will be used or released without your permission.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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