

Gull Lake and Area Recreation Board
Summer Play Program 2017 Registration

Participant Info

Name: _____

Age: _____

Address: _____

Allergies/medical conditions:

Parent/Guardian Info

Name: _____

Phone #: _____

Emergency Contact Info

Name: _____

Phone #: _____

Relationship to child: _____

Program Participation

I, _____, give permission for _____ to participate in the
Gull Lake and Area Recreation Board Summer Play Program for (check)

week of July 3-7 week of July 10-14 week of July 17-21 week of July 24-28

OR list individual days:

Parent/Guardian Signature:

Date: _____