



2025 Bellport Junior Development Program
Registration Form

Please check the appropriate class for your child:

- _____ Beginners- 5-7 years old and under – Class from 12:50pm – 2:00pm \$140.00 per session
- _____ Advanced Beginners – 8-10 years old – Class from 1:50pm – 3:00pm \$140.00 per session
- _____ Intermediate /Advanced 11 through 18 years old–Class from 2:50pm - 4pm \$140.00 per session

Check which sessions you would like. (You can register for as many sessions as you would like)

MONDAY - THURSDAY

- _____ Session 1: July 7-10 _____ Session 2: July 14-17 _____ Session 3: July 21-24
- _____ Session 4: July 28-31 _____ Session 5: August 4-7 _____ Session 6: August 11-14

Number of sessions _____ times price per session \$ _____ = \$ _____ Amount Enclosed \$ _____

Child Name: _____

Childs Age: _____ Childs Date of Birth: _____ M _____ F _____

Parents/ Legal Guardians Names: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Email: _____

Does your child have any allergies? Yes _____ No _____

If Yes, Please explain: _____

I hereby authorize and approve my child’s participation in the recreation program sponsored by the Village of Bellport. I know of no physical disabilities or illnesses which would interfere with my child’s participation in this program. As parent/guardian of _____ (“participant”) I do hereby agree that participation in any Village-sponsored recreation/camp program will be at the participant’s own risk. I further agree to release the Incorporated Village of Bellport, including their respective officers, elected officials, servants, agents and employees from any and all claims for damages due to personal injury and loss or damage to property from any cause whatsoever sustained by myself or the participant in connection with the Village-sponsored recreation/camp program. I understand that no expenses or implied warranties have been made by the Village as to the fitness for use of the supplies, equipment, and facilities used in conjunction with any Village sponsored recreation program.

Parents Signature _____ Date _____

PLEASE MAIL THIS FORM WITH PAYMENT OR DELIVER IT IN PERSON TO:
Bellport Village Hall
29 Bellport Lane, Bellport NY 11713