

Camp Registration Form 2008

Camper's Name _____ **Male** **Female** **Age** _____
Address _____ **City** _____ **State** _____ **Zip** _____
E-mail Address _____ **Date of Birth** _____
Mother's Name _____ **Work Phone #** _____
Cell Phone # _____ **Home Phone #** _____
Father's Name _____ **Work Phone #** _____
Cell Phone # _____ **Home Phone #** _____
Additional Emergency Contact Person _____ **Phone #** _____

The undersigned parent/legal guardian of _____ (child's name) represents that he/she knows of no physical or mental illness or abnormality which would prohibit the child from safely participating in the Escambia County Parks & Recreation Summer Camp. To further induce the Escambia County Parks & Recreation to support the Summer Camp, the undersigned hereby irrevocably releases and discharges Escambia County Parks & Recreation and any of its agents, servants, or employees from any and all claims or liability arising from the conduct of the Escambia County Parks & Recreation Summer Camp or any related activities. The undersigned further acknowledges and agrees that Escambia County Parks & Recreation shall not be liable for any acts, omissions, or negligence of the leaders (or any of their agents, servants, or employees) or other participants in the program.

Parent/Legal Guardian Signature _____
Date

Pertinent information or any significant medical, physical, psychiatric, or behavioral problems: _____

Is your child enrolled in a Florida School? Yes No (If "No" a copy of the child's immunization records ***MUST*** accompany registration form.)

Is your child exempt from immunizations due to medical/religious reasons? Yes No

Date of last tetanus shot: _____ M/D/Y (***MUST BE FILLED IN***)

Physician: _____ **Phone:** _____

Medical Insurance Provider: _____ **Policy #:** _____

Do medications need to be administered to child during the camp day?

Yes No *If yes, a medication form needs to be completed before first day of camp.*

Camper Pick-Up: (Who is allowed to pick up your child in your absence?)

1) _____ 2) _____

Camper T-Shirt Size: (Please check appropriate size)

Child: ___M ___L ___XL

Adult: ___M ___L ___XL

Escambia County Parks & Recreation
1651 E. Nine Mile Rd.
Pensacola FL 32514

Camper Information:

Previous Camp Experience: _____

Campers are to wear tennis shoes.
A Snack will be provided daily.

C.A.M.P \$50 per week
8am-12pm
(Ages 5-13)

____ June 2nd – 6th \$ _____

____ June 9th - 13th \$ _____

____ June 16th – 20th \$ _____

____ June 23rd – 27th \$ _____

____ July 7th – 11th \$ _____

____ July 14th – 18th \$ _____

____ July 21st – 25th \$ _____

____ July 28th – Aug. 1st \$ _____

____ Aug. 4th – 8th \$ _____

____ Aug. 11th – 15th \$ _____

Total Amount Due \$ _____

Cash/Check Accepted

*C.A.M.P. will be located at
Ashton Brosnaham Sportsplex
off of Ten Mile Rd.*

**\$10 discount for registration of
seconded camper in the same
family for the same week of
camp.**

Photo Release

I do hereby grant authorization to Escambia County, Florida to use photographs of myself or the program participant(s) for publicity purposes. I hereby authorize the use of photographs taken of me for publicity purposes.

Parent / Guardian Signature

Date



Escambia County Parks & Recreation