

PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT

SUMMER CAMP 2009 - _____

PARTICIPANT INFORMATION FORM PLEASE TYPE/PRINT CLEARLY

PARTICIPANT INFORMATION

Child's Name: _____ Sex: M F Age: _____ D.O.B. ___/___/___

Parents' e-mail address: _____

Address: _____

Street

City

State

Zip

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Employer: _____

Phone: Home _____ Work _____ Cell _____

Father/Guardian Name: _____ Employer: _____

Phone: Home _____ Work _____ Cell _____

EMERGENCY CONTACT (IF PARENT(S) CANNOT BE REACHED)

Name: _____ Address: _____

Phone: Home _____ Work _____ Cell _____

Relationship to Child: _____

AUTHORIZATION FOR RELEASE

My child will: Be Picked Up Walk Bicycle If walk or bike, my child can leave the park at: ___ p.m.

DESIGNATED CHILD PICK-UP (Photo ID is required each time)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MOVIE & VIDEO GAME RELEASE

(PG-13 MOVIES & TEEN VIDEO GAMES ARE NOT PERMITTED FOR YOUTH CAMP)

I give my child permission to watch movies rated: (check all that apply) G PG PG-13

I give my child permission to play video games rated: (check all that apply) Early Childhood Everyone

Everyone 10+ Teen

FAMILY HANDBOOK

I have received a copy of the Family Handbook and will read it prior to the start of summer camp. Yes No

(Form continues on back)

MEDICAL/HEALTH CONDITIONS AND ACTIVITY LIMITATIONS/RESTRICTIONS

List past medical treatments/hospitalizations: _____

List Current Conditions (physical, mental, psychological): _____

List allergies or dietary restrictions: _____

List dates of last immunizations: Tetanus _____

List of current prescribed and over-the-counter medications: _____

*Please update staff with changes in medication

Please check if applicable: My child will need to take medication during camp hours

List activity limitations because of health: _____

STATEMENT OF RELEASE (FOR PUBLICATIONS)

I hereby grant Palm Beach County Parks and Recreation Department permission to take and/or use photographs and/or statements of my child(ren) and me for promotional purposes, i.e. brochures, fliers, presentations, etc. In connection therewith, I release and hold Palm Beach County, the Parks & Recreation Department and their agents, servants or employees from any and all claims and causes of action for circumstances resulting from use of any photograph and/or statements. By check and signature, agreement is given with the understanding that all expenses incurred in connection with production and/or of photographs and or statements will be incurred in total by Palm Beach County and the Parks & Recreation Department. **Yes** **No**

Signature of Parent/Guardian: _____ **Date:** _____

MEDICAL TRANSPORTATION/RELEASE AND INDEMNIFICATION STATEMENT

I participant, parent or legal guardian of participant agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my child's participation in this program. I hereby assume the risk of participation in this program and in consideration of my child's participation in the program, I agree to hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, due to their acts, errors or omissions resulting in bodily injury, including death, or damage to my child's property incident to or in connection with my child's participation in this program or with my child's transportation for medical treatment. I, participant, parent or legal guardian of participant, authorize the transportation of participant for medical treatment. I further understand that I shall be responsible for any and all costs associated with the transportation of my child for medical treatment.

Signature of Parent/Guardian: _____ **Date:** _____