

PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT

SUMMER CAMP 2009 - HALF DAY CAMP

PARTICIPANT INFORMATION FORM PLEASE TYPE/PRINT CLEARLY

PARTICIPANT INFORMATION

Child's Name: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Camp Type:  Fishing  Flag Football  Cheerleading/Dance Session:  One  Two  Three

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(ren): \_\_\_\_\_

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: \_\_\_\_\_

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

List activity limitations because of health: \_\_\_\_\_

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**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 and Building Up Sports Academy Inc. 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:** \_\_\_\_\_