

MOBILE CAMP
—HARMONY IN THE STREETS—
REGISTRATION AND RELEASE FORM
(All fields must be completed for camper to attend camp)

CAMPER NAME _____ DATE OF BIRTH _____

ADDRESS _____

PARENT/GUARDIAN NAME _____

DAYTIME PHONE _____ EVENING PHONE _____

EMERGENCY CONTACTS: *(must be completed for camper to attend camp)*

NAME: _____ PHONE _____

NAME: _____ PHONE _____

Camper will be picked up by: _____

As the parent(s)/guardian(s) of _____, I/we hereby agree:

1. Not to hold the Columbia County Sheriff's Office, or the Columbia County School Board, or the Florida Sheriffs Youth Ranches, Inc., or staff responsible for illness or injury.
2. To give permission to participate in approved camp activities, except restricted by doctor's orders.
3. To give the agencies permission to photograph and allow photos to be used for news and media releases, and for programs development which may include presentations/participation at various community, district, or state conferences.
4. To give the agencies complete authority in regard to discipline matters, authority to make decisions regarding medical problems, plans for treatment and the ability to transport when necessary.

a. Is your child being treated for any of the following:

Diabetes Yes No

Hemophilia or bleeding disorder Yes No

Asthma Yes No

Epilepsy or Seizures Yes No

Other (please list) _____

b. Is your child currently taking medication? Yes No

Prescription Medication _____

Non-prescription Medication _____

All medication must be in original pharmacy container/bottle and labeled with appropriate medication label and times for administration must be noted.

c. Does your child have allergies? Yes No (If yes, please specify)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____