

LEE COUNTY PARKS AND RECREATION
HAPPY DAY CAMP REGISTRATION FORM

Name: _____ Age: _____ Sex: _____ Date of Birth: _____

Parent/Guardian Name: _____ Telephone Number: _____

Mailing Address (include town): _____

Emergency Telephone Number: _____ Name: _____

Doctor's Name: _____ Telephone Number: _____

If the participant needs transportation to and from camp please leave detailed directions below:

- | | | |
|---|-----|----|
| ◇ Do you object to boating experiences (circle one)? | Yes | No |
| ◇ Are you willing to have pictures made of the participant? | Yes | No |
| ◇ Can photos of the participant appear in the newspaper? | Yes | No |
| ◇ Does the participant get excited easily? | Yes | No |

⇒ Comment: _____

Does the participant have any special weaknesses or strong dislikes? _____

What is the participant's disability/disabilities (list bellow): _____

Please keep in mind that Happy Day Camp Counselors are not certified to administer medication.

Medication should be given before camp. Thank You!

WARNING, LIABILITY, RELEASE, AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS:

I understand that participation in this recreational program involves the risk of injury. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches/supervisors of the program. Furthermore, in return for the opportunity to participate in this program I agree for myself, and my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that the County provides no insurance.

Signature of Parent/Guardian

Date

