## SUMMER RECREATION REGISTRATION FORM

Child's Name:  As on birth certificate (Last)			irst)		(Midd	dle Initial)	_
Grade Entering:	Age:	Male F	emale	Date of Birth:	(	//	<del></del> -
1. Parent/Guardian Information	Ages 6-13 accepted.	Circle/chec	ck one		то	day	year
LAST NAME	FIRST NA	AME		I HOME/C	ELL PH		
COMPLETE ADDRESS			TY		ST		ZIP
WORK PHONE	ALT PHO	NE	EMAIL	ADDRESS			
	Г NAME	FI	RST NAME	MI		HOME/C	ELL PH
<b>Emergency Contact:</b> LAS	Г NAME	FI	RST NAME	MI		HOME/C	ELL PH
Persons authorized for pick up Name:		Phone:		Alt Phone	e:		
Name:							
Name:				Alt Phone			
Name.		_1 11011C		An I none	·		_
Does your child have any han Please list any allergies, med		s, allergies	or anything o	f which we should	d be awa	are in an e	emergency situation?
What Insurance Company is	covering your child?						
~~~PLE	ASE READ THE I			GN BELOW. Mu and liability v			!! ~~~
Summer Programs, to participate it of his/her judgment as to the necessexpense incurred for this treatment injuries, damages or loss which may have as a result of participating forever discharge Hernando Count way associated with these programs.	ssity, to obtain medical t. I understand that I/we y minor child might sugge in this program, incluty from any and all clai	treatment in the will be expression as a result in the stain as a result in the stain as a respective to the stain as a result in t	he event of injussly assuming to the desired assuming to the officials,	nry or illness and the the risk and legal liab on. I further agree to officers, employees a	undersig ility and waive and and volun	ned agrees waiving and d relinquish ateers. I do l	to pay any d releasing all claims for all claims I or my minor chi hereby fully release and
I/we indemnify and hold harmless special activities and events, inclu County, its agents, representatives its agents, representatives, officers we have not objected to the extent	ding travel to and from , officers, or employees, , or employees arising a	all field trips s, and agree n s a result of sa	and events, and to institute of institute of institute of institute atternal atterna	d any claims based on be a party to any a	n the neg	gligent actions Suit against	on or inaction of Hernando Hernando County or any of
I/we understand that Hernando Comy/our child does not have any me from the failure of Hernando Cour	edical handicap that wor	ıld require spe	cial medical ne	eds and therefore rel			
I understand by registering for sun promotion of the event for the dep		raphs and vide	os may be take	n and used for print	and/or ele	ectronic me	dia for publication and future
This is to certify that I, as a parent myself, my heirs, assigns, and my							se as provided above and, for
Sworn to and subscribed befo	ore me this	day of		, 2024.			ns may be emailed to on@hernandocounty.us
Signature of Parent or Guardi							
Personally known to r Produced Identification		ation D	L#				
	• •	_					_
NOTARY PUBLIC, STATE	OF FLUKIDA,						
					Stamp Here	;	
COUNTY OF							

## 2024 HC PARKS & REC CAMP FUNSHINE PROGRAMS



Camper's Last Name First Name Age D.O.B.

## Camp is held at the Lake House Mon-Fri 9:00a-3:00p. Drop off 7:30a-9:00a/Pick up 3:00p-5:00p

## A Maximum of 5 Weeks May Be Selected Per Camper

	Mark Below To Select	DATE	CAMP THEMES AND TRIPS	COST	DEPOSIT	PAID IN FULL	
1		6/3-6/7	River Week Weeki Wachee/Buc Bay & Rainbow River Tubing	\$120			
2		6/10-6/14	Fishing Week Bass Conservation Center & Deep Sea Fishing	\$120			
3		6/17-6/21	Wild Animal Week Laser Ops & Zoo Tampa	\$120			
4		6/24-6/28	Adventure Week Congo River Golf & Rays Game & Adventure Island	\$120			
5		7/1-7/5	NO CAMP	ſ	NO CAMP		
6		7/8-7/12	Aviation Week Tampa Airport & National Guard/Broosville Airport	\$120			
7		7/15-7/19	Competition Week FLGX Ropes Course & Pop-A-Nerf	\$120			
8		7/22-7/26	Discovery Week Adventure Island & Mosi	\$120			
9		7/29-8/2	Roar and Rays Week Dinosaur World & Rays Game	\$120			
10		8/5-8/9	Beach Week Fred Howard Beach & Pine Island Beach	\$120			

Note: Deposits must be made to hold spot for camp. Deposits are non-refundable.

OFFICE USE ONLY						
Date Rcvd		Rcvd by:	Total of all camps			
Payments		Notes:	Paperwork Received			
Check#			Camp Reg. Form	-		
CC Last 4						
Online						