

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 Marion County Sheriff's Office and/or the Marion County School Board and/or the Florida Sheriffs Youth Ranches, Inc. and/or staff; responsible for illness or injury.
2. To grant the above applicant 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.

Is your child being treated for any of the following:

Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia or bleeding disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy or Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other (please list) _____

Is your child currently taking medication? Yes No

If Yes:

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.**

Does your child have allergies? Yes No (If yes, please specify: _____)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____