



Department of Parks, Recreation and Community Services  
JaxParks Aquatics Office



2017 JaxParks Ocean Camp Registration Form  
Location: Kathryn Abbey Hanna Park, 500 Wonderwood Drive

PLEASE CIRCLE ALL SELECTIONS THAT APPLY:

Sessions:	June 19-June30	July 3-14**	July 17-28
Hours:	Camp: 9 a.m. – 4 p.m.	Camp: 9 a.m. – 4 p.m.	Camp: 9 a.m. – 4 p.m.
	Extended day: 7 – 9 a.m.	Extended day: 7 – 9 a.m.	Extended day: 7 – 9 a.m.
	Extended day: 4 – 6 p.m.	Extended day: 4 – 6 p.m.	Extended day: 4 – 6 p.m.

\*\*No camp on July 4, 2016

FEE: \$150 per two-week session and \$25 for extended care per two-week session.

Please read and initial you understand the following refund policy:

\_\_\_\_\_ A \$20 administrative fee is applied to all refunds. Participants accepted on a first come, first served basis, limited space.

PARTICIPANT'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Camp for 8 to 15 year olds only) Male Female

My child can swim unassisted (without help) Yes No

PARENT or GUARDIAN'S NAME

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Who will be responsible for picking your child up daily (Parent/guardian must sign their child in upon arrival and sign out upon departure from camp daily):

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I, \_\_\_\_\_ give my child permission to **walk** \_\_\_\_\_ **ride** \_\_\_\_\_ (check one)  
to \_\_\_\_\_ and/or from \_\_\_\_\_ (check one or both) camp at above named facility without being contacted.

IN CASE OF EMERGENCY, and we are unable to reach you, we should contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

DESCRIBE ANY MEDICAL PROBLEMS, allergies, medications, or any conditions of the participant of which we should be aware:

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**GENERAL RELEASE OF LIABILITY**

I hereby release and agree to hold harmless the City of Jacksonville, JaxParks, its employees and sponsors, from all liabilities and claims that may accrue from injury to my child or property. I further hereby give my release for field trips and the publishing of any and all photographs or likeness. I further agree to sign my child in each day upon arrival and departure from the camp location. I also give my permission to make the necessary arrangements to provide emergency care and treatment for my child if an accident or serious illness occurs. I also understand that falsification of information detailed on this application about my child's age will result in immediate termination of my child from camp.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

4012 University Blvd. N. | Jacksonville, FL 32277 | Phone: 904.255.7927 | Fax: 904.924.7152

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