



# Department of Parks, Recreation and Community Services

## JaxParks Aquatics Office

### 2016 JaxParks Ocean Camp Registration Form

Location: Kathryn Abbey Hanna Park, 500 Wonderwood Drive

#### PLEASE CHECK ALL SELECTIONS THAT APPLY:

Sessions:	June 27-July 8 **	July 11-22	July 25-August 5
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 Telephone

#### 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