

Department of Parks, Recreation and Community Services
JaxParks Aquatics

2020 Ocean Camp Registration Form

Location: Kathryn Abbey Hanna Park, 500 Wonderwood Drive



jaxparks

Session Information

PLEASE CIRCLE ALL SELECTIONS THAT APPLY:

June 15 - 26

Camp: 9 a.m. – 4 p.m.

Extended day: 7 – 9 a.m.

Extended day: 4 – 6 p.m.

June 29 - July 10**

Camp: 9 a.m. – 4 p.m.

Extended day: 7 – 9 a.m.

Extended day: 4 – 6 p.m.

**No camp July 3

July 13 - 24

Camp: 9 a.m. – 4 p.m.

Extended day: 7 – 9 a.m.

Extended day: 4 – 6 p.m.

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 Information

_____		_____		M	F
Child's Name		Date of Birth	Age	Sex	
_____		_____			
Parent's/Guardian's Name		Emergency Contact Name			
_____	_____	_____	_____		
Home Phone	Work Phone	Home Phone	Work Phone		
_____		_____			
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			

Email					

Who will be responsible for picking up the child daily? Parent / guardian must sign their child in daily upon arrival and sign out daily upon departure.

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

I, _____ give my child permission: *(check all the apply)*
Parent's/Guardian's Name to walk ___ and/ or to ride ___
To camp ___ and/or From camp ___
at above named facility without being contacted.

Medical Information

_____	_____
Physician's Name	Phone Number

Allergies/Special Health Considerations

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 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 lessons.

Please print, sign, and date and submit the form in person to JaxParks Aquatics.

_____	_____
Parent's/Guardian's Signature	Date