

**LOWNDES RECREATION
SUMMER CAMPS
REGISTRATION FORM
County Wide**

Child's Name _____

Birth Date _____

Street Address _____

Child's Gender (mark one)
 Male Female

City _____

Zip Code _____

Father's Name _____

Home Phone _____

Street Address _____

Work Phone _____

Email Address _____

Father's Cell Phone _____

Mother's Name _____

Home Phone _____

Street Address _____

Work Phone _____

Email Address _____

Mother's Cell Phone _____

List any special needs (medicines or physical conditions) of the above child:

Does your child have ANY allergies? (Please list and include food if necessary):

In case of emergency and the PARENTS cannot be reached, contact the following:

1. Name _____ Phone _____
 2. Name _____ Phone _____

The following people will be allowed to pick up and drop off my child/children: PLEASE understand that your child WILL NOT be released to anyone else other than to the ones listed below unless a written documentation signed by the parent/guardian has been given to the Director.

1. Name _____ 3. Name _____
 2. Name _____ 4. Name _____

Complete each of the following sections by INITIALING either yes or no:

My child may be photographed at Summer Camp or field trips: _____ Yes _____ No

My child may take approved field trips sponsored by Lowndes Recreation: _____ Yes _____ No

Lowndes Recreation staff may give my child emergency medical treatment if needed: _____ Yes _____ No

PLEASE CONTINUE TO BACK OF THIS FORM AND COMPLETE AS INSTRUCTED

**LOWNDES RECREATION
SUMMER CAMPS
Camp & Disclaimer Statement
County Wide**

Child's Name (same as on front of this form):

Child's Shirt Size:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="radio"/> Youth Small (6-8) | <input type="radio"/> Youth Medium (10-12) | <input type="radio"/> Youth Large (14-16) | <input type="radio"/> Adult Small |
| <input type="radio"/> Adult Medium | <input type="radio"/> Adult Large | <input type="radio"/> Adult X-Large | <input type="radio"/> Adult XX-Large |

I/We the parents of the above named child hereby give my/our approval to participate in any and all program activities during the current program.

I/We assume all risks and hazards incidental to such participation including transportation to and from activities.

I/We hereby waive, release, absolve, indemnify and are to hold harmless the Lowndes Recreation Department, the county of Lowndes, the organizers, sponsors, supervisors, director, staff, employees, participants and person transporting my/our child.

Insurance coverage is the sole responsibility of the parents or guardians.

The Lowndes Recreation Department does not carry any type of insurance for participants.

Parent Signature:

Date:

Site Director Signature:

Date:

Comments: