

Summer Day Camp Registration Form

Ages 8 – 14 only will be allowed to register for camp sessions.

Edmonson County Parks & Recreation

P.O. Box 393

Brownsville, Ky. 42210

Mail completed form and registration fee to address above.

Make Checks payable to: Edmonson County Parks and Recreation

All Sessions will be held at Bee Spring Park (**limited to 1st 30 paid campers per session**)

Session 1: 20 June 2016 10:00am – 2:00pm Water Safety (Corps of Engineers) & Home Safety (Kyrock Fire Dept)

Session 2: 21 June 2016 10:00am – 2:00pm Scrapbooking (Capitol Hill Homemakers)

Session 3: 22 June 2016 10:00am – 2:00pm Camping Safety (Boy Scout Troop 597)

Session 4: 25 July 2016 10:00am – 2:00pm Rag Rug Making (Brownsville Homemakers)

Session 5: 26 July 2016 10:00am – 2:00pm Arts & Crafts (Ruth Parker, Public Library)

Session 6: 27 July 2016 10:00am – 2:00pm Camping Safety (Boy Scout Troop 597)

Circle the session or sessions you wish to attend: **1 2 3 4 5 6**

Registration Fee is \$10 per session and is non-refundable (lunch will be provided).

Total number of sessions you are attending X \$10.00 = _____

Please fill out a separate form for each Participant. Registration must be completed in full.

You may drop off your child no earlier than 9:30am and must pick them up no later than 2:30pm after each session.

Participant Information:

Camper's Last Name _____ First Name _____

Date of Birth ____/____/____ M ____ F ____ Current School Grade _____

1st Parent Information: Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Work # _____

2nd Parent Information: Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Work # _____

Emergency Contact(s) other than Parent(s) Authorized to pick up child

Name _____ Phone# _____ Cell# _____

Address _____

City _____ State _____ Zip Code _____

Relationship to Participant _____

Name _____ Phone# _____ Cell# _____

Address _____

City _____ State _____ Zip Code _____

Relationship to Participant _____

Please Fill Out Other Side Also

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**Permission is given to the Edmonson County Parks and Recreation Department for the following:
Initial indicating approval.**

_____ In an emergency, the Edmonson County Parks and Recreation Department has my permission to obtain medical treatment for my child, call an ambulance, or transport my child to any available physician or hospital at my expense, with the following restrictions (if applicable): _____

Initial by all that apply

_____ I do not wish my child to receive any medical treatment. **Initial only if you do not want your child to receive any medical treatment.**

_____ I understand my child may be photographed for publicity or news purposes. **(Yes, I understand)**

_____ My child may be given medication. Medication will only be given if written instructions are provided by parents and written authorization is also provided by the parents. **(Yes I agree)**

Emergency Medical Information

Are there any special medications or restrictions to be aware of? Please list: _____

If you require any special accommodations please contact the Park office at 270-597-9103 before registering.

Child's Physician _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Preferred Hospital _____ Phone# _____
Address _____ City _____ State _____ Zip _____
Health Insurance Company _____ Phone# _____
Address _____ City _____ State _____ Zip _____
Group Number _____ Individual's Name on Insurance Policy _____

All Fees are Non-Refundable and Non-Transferable

I hereby accept any and all responsibility for, and assume, the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result of participating in an Edmonson County Parks and Recreation program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Edmonson County Parks and Recreation Department, and all employees and volunteers in their capacities as representatives of the Edmonson County Parks and Recreation Department, expressly including, but not limited to, the Edmonson County Fiscal Court, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

Parent/Guardian Signature _____ Date _____

Office Use Only