



St. Johns County Board of County Commissioners

Parks & Recreation Department

Camp Location: SJC Exploration Camp

***Participant Registration Form**

Last/First Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Cell Ph: _____ Alternate: _____

Gender: ___ M ___ F D.O.B.: _____ Grade Completed: _____

Email Address: _____

***Parent/ Guardian Information**

_____	_____
Parent/Guardian Name	Parent/Guardian Name
_____	_____
Parent/Guardian Place of Employment	Parent/Guardian Place of Employment
_____	_____
Work Phone Number	Work Phone Number
_____	_____
Cell Phone Number	Cell Phone Number

***Please Check:**

_____ My child will walk home from the summer program (must be over the age of twelve (12) or be walking with a sibling over the age of twelve (12)).

_____ I will provide transportation for my child. He/she is not allowed to walk to or from the program/park.

***Health/ Emergency Authorization**

_____	_____
Name of Family Physician	Phone
_____	_____
Name of Family Medical Plan	Policy Number

In an emergency, if family physician cannot be reached, I hereby authorize the above named child to be treated by another physician.

Please list all health concerns, allergies, limitations, or restrictions for your child: _____

PLEASE COMPLETE BOTH SIDES*PLEASE COMPLETE BOTH SIDES

***In Case of an emergency, and the parent(s)/guardian(s) cannot be reached, please list additional names and phone numbers.**

1. Name: _____ Relationship to child: _____

Phone Number: _____ Alternate Number: _____

2. Name: _____ Relationship to child: _____

Phone Number: _____ Alternate Number: _____

***Authorized Pick up List**

The following people may pick up my child. I understand that they must present proper identification if requested.

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____

5. _____ Phone Number: _____

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES ST. JOHNS COUNTY, ST. JOHNS COUNTY SCHOOL DISTRICT, their directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or their personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the above-named Participant, whether or not caused by the negligence and/or property of St. Johns County, the St. Johns County School District, their directors, officers, employees, agents, and independent contractors.**

2. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, DUE TO THE NEGLIGENCE OF St. Johns County, the St. Johns County School District, their directors, officers, employees, agents, and independent contractors or otherwise the pertaining to the above-named Participant being in, upon or about the premises of St. Johns County or St. Johns County School District and/or while using the premises or facilities or equipment thereon.**

3. **THE UNDERSIGNED HEREBY PERMITS the taking of photographs and video of themselves and/or the above named Participant by St. Johns County during recreation classes or activities to be used at the County's reasonable discretion.**

4. **THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.**

5. **I CERTIFY that I am a custodial parent or legal guardian of the above-named participant.**

By signing below I certify that I have read and understand the Super Summer Spectacular handbook that has been provided to me and agree to follow all rules and regulations provided by St. Johns County.

Parent/ Guardian Signature

Date