

2017 SUMMER OF FUN CAMP Registration Form

Participant's Name: _____ Grade (entering in Fall 2017): _____

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact #: _____ Emergency #: _____

E-Mail: _____

Medical Problems/Allergies: _____

Please Check Applicable Weeks:

- June 5-9 June 12-16 June 19-23
 July 10-14 July 17-21

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I, the undersigned, hereby assume all risks and hazards incidental to participation, including transportation to and from these activities, and I waive, release, absolve and agree to hold harmless Elbert County Parks and Recreation and others involved in the program for any damages suffered by myself or my child in connection with this activity. I give consent for Emergency Medical Treatment if participant is injured during the activity and a parent or guardian cannot be notified.

Signature: _____ Date: _____

I agree for above named child to be photographed while participating in activities. Pictures may be used for promotional purposes for Elbert County Parks and Recreation.

Signature: _____ Date: _____

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heather.eaves@elbertparksandrecreation.com
Camp Director

antwan.heard@elbertparksandrecreation.com
Recreation Services Manager

1041 Mobley Hill Road
PO Box 6109
Elberton, GA 30635
706-213-0749

www.elbertparksandrecreation.com