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**e River Estuary & Watershed Camp
Registration Form
District School Board of Pasco County
Summer 2017**



Please complete one registration form per student and return with nonrefundable \$50 deposit to Laura Hill by June 17, 2017.
Note: Parent/Guardian must complete and sign all required sections of this form.*

Participant Name: _____ Nickname: _____
Last First
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Birthdate: _____ Grade Entering in Fall 2017: _____ Gender: _____
School Attending Fall 2017 : _____ Email Address: _____

This section must be completed by a Parent/Guardian:

Name of Parent/Guardian #1: _____ Email: _____
Print Name
Phone: (Home): _____ Work: _____ Cell: _____

Name of Parent/Guardian #2: _____ Email: _____
Print Name
Phone: (Home): _____ Work: _____ Cell: _____

Other Persons authorized to pick up child: Name: _____ Relationship: _____
Print Name
Phone: (Home): _____ Work: _____ Cell: _____

Emergency Contact #1 Name: _____ Phone: (____) _____ Work: (____) _____

Emergency Contact #2 Name: _____ Phone: (____) _____ Work: (____) _____

I hereby grant permission to the District School Board of Pasco County to secure emergency treatment and/or routine medical care as needed for the person named on this form while at camp.

Signature of Parent/Guardian: _____ Date: _____

The following health information enables us to better educate and care for your child:

Does the student have any handicaps (physical, emotional, mental?) Yes No

If yes, explain: _____

Does your child have any other significant characteristics/limitations? Explain: _____

Does your child currently take any medications? Yes No If yes, name of medication(s): _____

Will your child need to take medication during the summer school day? Yes No

List of any known allergies w/ treatment: _____

Does your child currently receive additional educational support within the school system? Yes No

If yes, explain: _____

Is there any additional information you would like us to know about your child? _____

Please register my child for the following camp(s):

Camp Name	Session Dates	Cost
<input type="checkbox"/> Elementary Camp Session (entering grades 2-5)	July 10-13	\$140
<input type="checkbox"/> Secondary Camp Session (entering grades 6-10)	July 10-13	\$140



T-shirt Information:

Please select *one* size for your free t-shirt:

- Youth Small (8-10)
 Youth Med (10-12)
 Youth Large
 Adult Small
 Adult Medium
 Adult Large
 Adult XL

Please read and initial the following sections carefully before signing.

- I understand that this is an outdoor camp and that my child may be participating in strenuous activities including but not limited to hiking, kayaking, beach seining, and other various activities conducted in the sun.
- My child may participate in all camp activities, including off-site field trips, which require transportation via school bus.
- I understand that the CREW program will run from 8:00 am to 3:00 pm, from Monday through Thursday.
- It is my responsibility to drop off and pick up my child at the appropriate times.
- Photographs of my child may be used for camp publicity.
- The fee for the 1-week session is \$140 and is due in total by the first day of camp. The \$50 deposit fee is nonrefundable.
- I understand my child is required to follow the rules and guidelines outlined by the Pasco County Student Code of Conduct.

Parent Signature: _____ Date: _____

Please Mail *Registration and \$50 nonrefundable deposit to: (Make checks payable to: *The District School Board of Pasco County.*)

District School Board of Pasco County
 Attention: Laura Hill/OTL
 7227 Land O' Lakes Blvd
 Land O' Lakes, FL 34638

*Registrations will be accepted in the order they were received.
 When maximum enrollment is reached, additional students will
 be placed on a waiting list.
 *Registration Deadline is **June 17th, 2017**

Camps and programs run by the District School Board of Pasco County admit all persons based on space limitations, and we do not discriminate due to race, color, national origin, sex, age or disability.

Office Use Only	Date Registration received:
	Time:
	By whom:

Our environmental mission is to educate all Pasco County students in the basic concepts of preserving our environment and its valuable resources. Through our programs, students will develop a sense of personal and collective responsibility for the protection of Florida's precious ecosystems.