

This form can register two children

# Polk County Parks and Natural Resources Summer Camp at Circle B Bar Reserve Registration Form

This form can register two children

1) Child's Name: \_\_\_\_\_  
Last First Date of Birth Age as of 6/1/18 M/F

Name of School Child will be attending in the fall / Grade level: \_\_\_\_\_

Medical conditions we should be aware of: (If not applicable, enter NONE - do not leave space blank.)

Allergies/Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Insurance Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Water recreational activities permission, please check & initial:**

\_\_\_\_\_ **YES** - My child **HAS MY** permission to participate in water recreational activities, kayaking.  
Initial

2) Child's Name: \_\_\_\_\_  
Last First Date of Birth Age as of 6/1/18 M/F

Name of School Child will be attending in the fall / Grade level: \_\_\_\_\_

Medical conditions we should be aware of: (If not applicable, enter NONE - do not leave space blank.)

Allergies/Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Insurance Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Water recreational activities permission, please check & initial:**

\_\_\_\_\_ **YES** - My child **HAS MY** permission to participate in water recreational activities, kayaking:  
Initial

Parent/Guardian's Name: _____
Address: _____
City: _____ Zip: _____
DL# _____ DOB ____ / ____ / ____
Cell Phone: (____) _____
Employer's Name: _____
Daytime Phone: (____) _____
Email Address: _____

Alternate Contact Info: _____
Address: _____
City: _____ Zip: _____
DL# _____ DOB ____ / ____ / ____
Cell Phone: (____) _____
Employer's Name: _____
Daytime Phone: (____) _____
Email Address: _____

Person(s) authorized to pick up child (other than parents): **Only those listed will be able to pick up child/children unless written notice is given in advance by the parent. Children cannot be released to persons under 16 years of age.**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

**IN CONSIDERATION** of my children’s entry into the program known as the Polk County Parks and Natural Resource Summer Camp Program, to be held at Circle B Bar Reserve I, intending to be legally bound, do hereby for myself, executor and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages, or injury to my person or property arising out of my performance or failure of performance, the Polk County Board of County Commissioners, their agents, representatives, successors, and assigns, Polk County Parks and Natural Resources, event directors, summer staff, and volunteers, any and all sponsors and other parties and their representatives, successors, and assigns, and additionally, consent to all emergency medical treatment as may be deemed appropriate under existing circumstances by personnel associated with Polk County Parks and Natural Resources . I further grant full permission to any and all foregoing to use photographs, videotapes, recording, for any purpose whatsoever.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Online Registration is as follows:

**Week 1: June 5-8**

# \_\_\_\_\_ 5-8 years old      Name(s) \_\_\_\_\_

# \_\_\_\_\_ 9-13 years old      Name(s) \_\_\_\_\_

**Week 2: June 12-15**

# \_\_\_\_\_ 5-8 years old      Name(s) \_\_\_\_\_

# \_\_\_\_\_ 9-13 years old      Name(s) \_\_\_\_\_

**Week 3: June 19-22**

# \_\_\_\_\_ 5-8 years old      Name(s) \_\_\_\_\_

# \_\_\_\_\_ 9-13 years old      Name(s) \_\_\_\_\_

**Week 4: June 26-29**

# \_\_\_\_\_ 5-8 years old      Name(s) \_\_\_\_\_

# \_\_\_\_\_ 9-13 years old      Name(s) \_\_\_\_\_

**\*\*\*OFFICE USE ONLY\*\*\***

Child One  
YAP Approved    Yes    No  
**Documentation:**

Child Two  
YAP Approved    Yes    No  
**Documentation:**

REGISTRATION ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_