

Lee County Parks & Recreation Camp Participant Supplemental Information Form



This form must be completed and returned to the camp site prior to the first day of camp.

Camper (1) Name _____ DOB _____ Camper (2) Name _____ DOB _____

Camper (3) Name _____ DOB _____ Camper (4) Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian (1) Name: _____ Relation: _____ Daytime/Work Phone: _____ Cell Phone: _____

Parent/Guardian (2) Name: _____ Relation: _____ Daytime/Work Phone: _____ Cell Phone: _____

Check here if requesting program accommodation, modification or inclusion services and you will be contacted by the ADA Supervisor

Please list all other persons authorized to pick up camper(s):

Name: _____ Relation to Camper(s): _____ Phone: _____

Name: _____ Relation to Camper(s): _____ Phone: _____

Name: _____ Relation to Camper(s): _____ Phone: _____

Name: _____ Relation to Camper(s): _____ Phone: _____

Staff Use
Date Reviewed _____
Staff Initials _____

Please complete the information below for each camper listed on this form. Additional forms or information may be required.

Camper's Name	Camper knows how to swim?	Camper has allergies? (food or environmental)	Please list known allergies	Camper is taking or in need of any medication? (prescription or otherwise)	Camper is permitted to walk home. Middle School Camp ONLY
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Time: _____
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Time: _____
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Time: _____
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Time: _____

Please review this section with your camper(s) and sign this section together.

I will follow the rules daily, including when on field trips and special activities:

1. I will participate in ALL activities and I will follow instructions of all program staff.
2. I will be polite and conduct myself properly.
3. I will use appropriate language and I will not fight or verbally abuse another person.
4. I will use vehicle seatbelts whenever provided.
5. I will dress appropriately (no provocative or indiscreet dress) and wear closed toed shoes.

Parent/Guardian Signature _____
Date

Camper (1) Signature _____
Camper (2) Signature

Camper (3) Signature _____
Camper (4) Signature

**LEE COUNTY PARKS AND RECREATION
PARTICIPANT WAIVER FORM**

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS
AND RECREATION PROGRAMS/ACTIVITIES**

PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Park programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have or accrue to me or my child/ward as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I agree to indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

I hereby grant permission for myself or my child/ward to be photographed or recorded in connection with any Lee County promotion. I understand that any photographs or other types of media production may be used for purposes, including but not limited to, public service announcements, department brochures, and other programs shown to the general public.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child/ward's involvement or participation in the program as provided above. I, as a parent/guardian, agree to explain all risks to my child/ward, the child's/ward's responsibilities for abiding by the rules, and get the child's/ward's consent to be subjected to the risks.

I have read, had read to me or have had this translated into _____ and read or had the translated version read to me and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims, and agree on behalf of myself and/or my minor child/ward to be bound by the terms of this waiver/release. If registering via fax, my facsimile signature shall be substitute for and have the same legal effect as an original form signature.

PARTICIPANT'S SIGNATURE

PRINT NAME OF PARTICIPANT

DATE

MINOR(S) NAME (LIST EACH CHILD ABOVE)

SIGNATURE OF PARENT OR GUARDIAN

WITNESS

(Printed Name) PARENT OR GUARDIAN

DATE