



**LEE COUNTY PARKS & RECREATION**  
**Camp Participant Supplemental Information and Behavior Contract**  
 (Must be returned to the camp site before the first day of camp)



1. Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 2. Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 3. Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_ Relation to \_\_\_\_\_

Camper(s): \_\_\_\_\_

Daytime/Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Home phone # \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_ Relation to Camper(s): \_\_\_\_\_

Daytime/Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Home phone # \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Help us keep your child(ren) safe by checking EACH statement below and adding details as necessary:**

<b>Camper's Name:</b>	<b>Details</b>
Camper knows how to swim. If no, list child(ren) names:	
Camper has allergies (including food, environmental allergies). If yes, list name and detailed information:	
Camper is taking any medication (prescription or otherwise). If yes, list child(ren) name:	<b>If yes, additional paperwork is required.</b>
Additional information we should or need to be aware of, please list all pertinent information:	
Camper is permitted to walk/ride bike home.	(TEENS ONLY) If yes, what time?

<b>Camper's Name:</b>	<b>Details</b>
Camper knows how to swim. If no, list child(ren) names:	
Camper has allergies (including food, environmental allergies). If yes, list name and detailed information:	
Camper is taking any medication (prescription or otherwise). If yes, list child(ren) name:	<b>If yes, additional paperwork is required.</b>
Additional information we should or need to be aware of, please list all pertinent information:	
Camper is permitted to walk/ride bike home.	(TEENS ONLY) If yes, what time?

<b>Camper's Name:</b>	<b>Details</b>
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Camper is taking any medication (prescription or otherwise). If yes, list child(ren) name:	<b>If yes, additional paperwork is required.</b>
Additional information we should or need to be aware of, please list all pertinent information:	
Camper is permitted to walk/ride bike home.	(TEENS ONLY) If yes, what time?

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Staff Use: Date Reviewed _____ Staff Initials _____
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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 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 further indemnify and hold harmless Lee County, its employees and agents, from any claims arising from or otherwise due to exposure of my child(ren) or other family members to COVID-19 that may have occurred at the Lee County Park programs/activities s/he is attending

I agree that, in the event my child is sick, ill or otherwise not feeling well, Lee County will be contacting me to pick up my child from the Lee County Park programs/activities s/he is attending. I agree to pick up my child within two (2) hours of being contacted, and agree further that my child will not return to the program/activities until s/he is fully recovered. If I fail to pick up my child within the two (2) hour period, my child may be prohibited from attending the Lee County Park programs/activities s/he is attending.

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. Initial here to decline for all children listed on form \_\_\_\_\_

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 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. 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 DATE

\_\_\_\_\_  
(Printed Name) PARENT OR GUARDIAN

The camper and parent/guardian should review and sign this section together

I \_\_\_\_\_, \_\_\_\_\_, will follow the rules daily including when on field trips and during  
Camper(s) Name special activities:

- 1. I will participate in ALL activities and I will follow the 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.

\_\_\_\_\_  
Participant/Camper's Signature Parent/Guardian's Signature Date

\_\_\_\_\_  
Participant/Camper's Signature

\_\_\_\_\_  
Participant/Camper's Signature