

HARMONY IN THE STREETS

An action-packed, fun filled five-day camp!

Arts & Crafts

Team Sports

Group Building

Water Activities

Workshops

Environmental Education

Law Enforcement Demonstrations

Snacks & Games & More!



BRING A BAG LUNCH

From 9:00 a.m. to 4:00 p.m.
Monday through Friday
Ages 6-12

Dates & Locations:

June 8 - 12, 2009 – Pleasant Grove Elementary School

June 15 - 19, 2009 – Central Ridge Elementary School

WHAT TO WEAR & BRING:

T-shirt & Shorts
Closed toe shoes (no sandals)
Swim suit or change of clothes to get wet
Towel
Sunscreen
Hat

WHAT NOT TO BRING:

NO smoking tobacco, chewing tobacco, alcohol, or illegal drugs of any kind.
NO knives, hatchets, guns or weapons.
T-shirts/clothing with inappropriate messages and/or words are **strictly prohibited**.
Campers should **NOT** bring money, jewelry, radios, cell phones, game boys or expensive recreational equipment.

Please return your form to the Citrus County Sheriff's Office

**MOBILE CAMP—HARMONY IN THE STREETS—
REGISTRATION AND RELEASE FORM**

(*All fields must be completed for camper to attend camp)

Which camp will your child(ren) be attending ? (circle one) Pleasant Grove Central Ridge

CAMPER NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMERGENCY CONTACTS: **(must be completed for camper to attend camp)**

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Camper will be picked up by: _____

As the parent(s)/guardian(s) of _____,
I/we hereby agree:

- Not to hold the Citrus County Sheriff's Office, or the Citrus County School Board, or the Florida Sheriffs Youth Ranches, Inc., or staff responsible for illness or injury.
- To give permission to participate in approved camp activities, except restricted by doctor's orders.
- To give the agencies permission to photograph and allow photos to be used for news and media releases, and for programs development which may include presentations/participation at various community, district, or state conferences.
- To give the agencies complete authority in regard to discipline matters, authority to make decisions regarding medical problems, plans for treatment and the ability to transport when necessary.

Is your child being treated for any of the following:

Diabetes	Yes	No	Hemophilia or bleeding disorder	Yes	No
Asthma	Yes	No	Epilepsy or Seizures	Yes	No

Other (please list) _____

Is your child currently taking medication? Yes No

Prescription Medication: _____

Non-prescription Medication: _____

All medication must be in original pharmacy container/bottle and labeled with appropriate medication label and times for administration must be noted.

Does your child have allergies? Yes No (If yes, please specify)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____