Harmony in the Streets

A free action-packed, fun filled five-day camp

Dates: June

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 12th-16th</td>
<td>June 19th-23rd</td>
</tr>
<tr>
<td>Inverness Middle School</td>
<td>Forest Ridge Elementary School</td>
</tr>
<tr>
<td>1950 US Hwy 41 N, Inverness, Fl</td>
<td>2927 N. Forest Ridge Blvd Beverly Hills, Fl</td>
</tr>
</tbody>
</table>

Monday – Thursday
9:00 a.m. to 3:00p.m.

Friday
9 a.m. – 2:00 p.m.
Graduation: 2 p.m. – 2:30 p.m.

Application online at: www.SheriffCitrus.org or can also be picked up from your child’s S.R.O.

Ages 6-12
Open to the first sixty kids that register!

WHAT TO WEAR & BRING:
- A bagged lunch and a drink
- 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 Sheriff’s Office headquarters,*
  * E.O.C., Substation or your child’s School Resource Officer*

After the application is processed, we will call you and confirm attendance and answer any questions you may have.
MOBILE CAMP
— HARMONY IN THE STREETS—
REGISTRATION AND RELEASE FORM
(*All fields must be completed for camper to attend camp)

Please circle the 2017 camp you would like your child to attend:

<table>
<thead>
<tr>
<th>Inverness Middle School</th>
<th>Forest Ridge Elem. School</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 12-16 / 2017</td>
<td>June 19-23 / 2017</td>
</tr>
</tbody>
</table>

CAMPER NAME ___________________________ DATE OF BIRTH ____________

ADDRESS ____________________________________________________________

PARENT/GUARDIAN NAME ______________________________________________

DAYTIME PHONE ___________________ EVENING PHONE __________________把你

**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:

1. Not to hold the Citrus County Sheriff’s Office and/or the Citrus County School Board and/or the Florida Sheriffs Youth Ranches, Inc. and/or staff; responsible for illness or injury.

2. To grant the above applicant permission to participate in approved camp activities, except restricted by doctor’s orders.

3. 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.

4. 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
- Asthma ☐ Yes ☐ No
- Hemophilia or bleeding disorder ☐ Yes ☐ No
- Epilepsy or Seizures ☐ Yes ☐ No
- Other (please list) ____________________________

Is your child currently taking medication? ☐ Yes ☐ No

If Yes:

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: ____________

*Please return your form to the Sheriff’s Office Headquarters, E.O.C., Substation or your child’s School Resource Officer.*