



JWB Middle School Camp REGISTRATION FORM

Camper's Name: _____ D.O.B.: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____ School ID #: _____

Home Phone #: _____ Day Phone #: _____ Cell #: _____ Entering Grade: _____

E-Mail Address: _____ Recreation Card/Play Pass #: _____

Person(s) to be notified in case of an emergency when parent cannot be reached:

_____ Phone # _____
 _____ Phone # _____

Yes **No** Is your child permitted to sign him/her self out of camp at the end of the day? **If yes, please complete the Bicycle/Walking Permission Form; campers must be at least 10 years old to walk or bike to camp.**

Please list the name(s) of the person(s) allowed to pick up your child: **(Include parents/friends/ etc.)**

T-shirt Size: **Youth S** **Youth M** **Youth L** **Adult S** **Adult M** **Adult L**

Yes **No** Does camper have any allergies to food/insects/sunscreen? If yes, what? _____

Yes **No** Does camper require any reasonable accommodations (per Americans with Disabilities Act) to participate in camp activities? **If yes, please notify staff of accommodations prior to the first day child attends.**

Yes **No** Does camper take any medication? **If yes, a *Camper Medication Form* must be completed.**

Yes **No** Do you want your child to participate in the Free Summer Camp Lunch/Snack Program (June 9-August 11).

WAIVER AND RELEASE OF LIABILITY

By its nature, participation in recreational activities can include a risk of injury. Consider your physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice.

Since the City of Clearwater is not aware of me or my dependent(s) physical condition or training for various activities and in consideration of the benefits and opportunities afforded to me or my dependent(s) by participation in activities sponsored by the City of Clearwater, I state as follows:

If I or my dependent(s) should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Clearwater, its employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.

The camp fee is an administration-processing fee. The Juvenile Welfare Board of Pinellas County funds this camp and requires information on the household arrangements of all participants. Please complete the information in the box below. This information will be kept confidential and secured.

<p>Annual Household Income</p> <p><u>Check One:</u></p> <p><input type="checkbox"/> \$ 0.00 – 9,999.00</p> <p><input type="checkbox"/> \$10,000.00 – 19,999.00</p> <p><input type="checkbox"/> \$20,000.00 – 29,999.00</p> <p><input type="checkbox"/> \$30,000.00 – 39,000.00</p> <p><input type="checkbox"/> \$40,000.00 – 49,999.00</p> <p><input type="checkbox"/> \$50,000.00 & up</p>	<p>Household Arrangement (Check one in each column)</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><u>Check One:</u></td> <td style="width: 33%;"><u>Check One:</u></td> <td style="width: 33%;"><u>Check One:</u></td> </tr> <tr> <td><input type="checkbox"/> Dual Parent</td> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> Female Head of Household</td> </tr> <tr> <td><input type="checkbox"/> Single Parent</td> <td><input type="checkbox"/> Non-married</td> <td><input type="checkbox"/> Male Head of Household</td> </tr> <tr> <td><input type="checkbox"/> Relative/Kinship</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-relative</td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">Number of Adults In Household _____</p> <p style="text-align: right;">Number of Children In Household: _____</p>	<u>Check One:</u>	<u>Check One:</u>	<u>Check One:</u>	<input type="checkbox"/> Dual Parent	<input type="checkbox"/> Married	<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Non-married	<input type="checkbox"/> Male Head of Household	<input type="checkbox"/> Relative/Kinship			<input type="checkbox"/> Non-relative			<p>Race/Ethnicity</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Multiracial</p> <p><input type="checkbox"/> Asian _____(type)</p> <p>Hispanic</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes _____(type)</p>
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Parent/Guardian Signature _____ Date _____