

**The Florida Sheriffs Youth Ranches, Inc.  
and the Palm Beach County Sheriff's Office  
present**



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

**Just for kids ages  
6 – 12 years**

**Team Sports  
Arts & Crafts  
Snacks & Lunch  
Games & More!**

**July 13<sup>th</sup> to July 17<sup>th</sup>**

**Palm Beach Colony**

**2000 N. Congress Ave, West Palm Beach**

**From 9 a.m. to 3 p.m. Monday through Friday**

**Open to the first sixty kids that register!**

**(Each child may only attend one week of camp)**

**This project is funded by the Palm Beach County Sheriff's Office**

**Committed to our youth!**

**Return applications to the Palm Beach County Sheriff's Office**

**3228 Gun Club Road, West Palm Beach, Fl. 33406**

**Attention: Rosanne Young**

**E-Mail to [youngro@pbso.org](mailto:youngro@pbso.org)**

**Fax to 561-688-3808**

PROJECT HARMONY-HARMONY IN THE STREETS  
REGISTRATION AND RELEASE FORM

### Palm Beach Colony July 13 – 17

(All fields must be completed for the camper to attend camp). PLEASE WRITE LEGIBLY

CAMPER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_  
School Camp Name \_\_\_\_\_

**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. To the extent authorized by and subject to the limitations specified in Section 768.28, Florida Statute, the parents of \_\_\_\_\_ agrees to indemnify and hold harmless, the Palm Beach County Sheriff's and staff, their agents, employees, designees and independent contractors and volunteers from any and all manner of action and actions, caused and causes of actions, suits, damages, judgment and claim of any kind whatsoever, in law or in equity, by its employees or third parties which are based in whole or in part upon injuries or damages sustained by its employees or third parties which are direct or indirect result of my child being involved in the Project harmony Summer camp program.
2. To give permission to participate in approved camp activities as well as off-site field trips, 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 regards to discipline matters, authority to make decision regarding medical problems plans for treatment and the ability to transport when necessary.

a. 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) \_\_\_\_\_

b. 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 time s for administration must be noted.

c. Does your child have allergies?                                      Yes                                      No

**Parent/Guardian Signature** \_\_\_\_\_