PROJECT HARMONY-HARMONY IN THE STREETS
REGISTRATION AND RELEASE FORM

Cross Community Church: 2575 Lone Pine Road, Palm Beach Gardens, FL 33410
July 10 – July 14, 2017

(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 _____

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 Statue, 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 it by 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 _____
Nonprescription Medication _____

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

    c. Does your child have allergies? Yes No

Parent/Guardian Signature _____