

Town of Lake Clarke Shores and Building Up Sports Academy, Inc.
Winter Fishing Camp Registration Form

CHILD'S NAME: _____ SEX: M F

D/O/B: _____ AGE _____ GRADE _____

PARENT/GUARDIAN: _____

HOME ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMERGENCY CONTACT _____ PHONE# _____

OTHER CONTACT _____ PHONE# _____

WILL ANYONE OTHER THAN YOU BE PICKING UP YOUR CHILD? YES ___ NO ___

IF YES, PLEASE IDENTIFY: _____

IS YOUR CHILD ALLERGIC TO ANY FOODS? YES ___ NO ___

IF YES, PLEASE LIST AND EXPLAIN _____

E-MAIL ADDRESS _____

CAMP LOCATION: Lake Clark Shores, Memorial Park

SESSION: **January 2 – January 6, 2017**

TOTALS _____ (\$125 Town Resident, \$135 non-resident)

PLEASE MAKE CHECKS OUT TO TOWN OF LAKE CLARKE SHORES, AND MAIL THE REGISTRATION FORM WITH CHECK OR MONEY ORDER TO 1701 BARBADOS ROAD, LAKE CLARKE SHORES, FL 33406. FOR REGISTRATION QUESTIONS, PLEASE CALL 561-964-1515.

WAIVER OF LIABILITY: I hereby declare that I am the parent/guardian of _____
And give my consent for his/her participation in all Building Up Sports Academy, Inc Summer Fishing Camp activities. In consideration of my child being permitted to participate in these activities, I hereby release, waive and discharge Building Up Sports Academy, Inc, The Town of Lake Clarke Shores, and employees and volunteers from all liability for injury, loss, or damage, and any claim of damage to the person or property of my child during his/her participation. It is further understood that any false information provided for in this registration form will cause denial of participation. I authorize the use of child's photos on the Town of Lake Clarke Shores and the Building Up Sports Academy websites and/or newspapers. All cancellations must be made 2 weeks prior to the camp/activity. No cancellations will be accepted once camp has begun.

PRINT NAME _____ SIGNATURE _____ DATE _____