

DARE SUMMER CAMP REGISTRATION – Summer 2009
July 13 – 17, 2009
Verona Elementary School



*****COMPLETE & RETURN*****

Camp will be held Monday – Friday – 8am until 3:00pm each day. We can only accept 30 students and will do so on a first-come/first-serve basis. You will receive confirmation from our office once applications are received.

Student's Name: _____ Date of Birth: _____
Mailing Address: _____ School: _____
Phone Number: _____ Age: _____
Social Security #: _____

EMERGENCY INFORMATION:

Parent/Guardian: _____ Address: _____
Phone #: _____

MEDICAL INFORMATION:

Does your child take medication? _____ Please list medications: _____

Does your child have any special medical conditions that we need to know about? _____

If so, please note: _____

Can your child swim? _____ Will you allow your child to get into the water if supervised? _____

I understand that all the rules of the summer camp must be followed in order to ensure a safe and fun time for all students attending. I understand that any student that does not follow the rules will be asked to leave. I also release the Lee Co. Sheriff's Department, D.A.R.E., Lee County, and any/all of its agents acting on its behalf, of any liability incurred during the activities of the summer camp. In case of emergency, I authorize the supervisor of the D.A.R.E. Summer Camp to make any medical decisions or seek medical attention for my child until I can be reached. I understand that there will be field trips involved with the camp and I allow my child to participate.

I understand and have read (or have had it read to me) the paragraph above:

_____ Date: _____
Parent/Guardian Signature

Please do not write below:

Notes: _____

