

LaGrange County Parks and recreation **Summer 2019 Outdoor Recreation**

Provide a separate registration for each child.

participant's name: _____

age: _____ grade (fall 2019): _____

address: _____

home phone: _____

work phone: _____

_____ parent or guardian printed name

Adventure Bound Day Camp \$50

July 8-12 grades 6-9

Nature Bound Day Camp \$50

July 15-19 grades 1-6

July 22-26 grades 1-6

July 29-Aug 2 grades 1-6

By Gone Days Camp \$50

June 24-28 grades 1-6

Total enclosed _____

Please call the park office to register before sending registration!

LaGrange County Parks
 0505 W 700 S
 Wolcottville IN 46795
 260-854-2225

Participant Understanding

Rules of behavior expected of each recreation participant:

1. Alcohol or drugs are forbidden
2. Smoking or any tobacco is forbidden
3. Profane/abusive language is unacceptable
4. Follow all safety guidelines.

I/We have reviewed the information about the LaGrange County Parks program and give my/our permission for the subject of this release to be involved in the overall activities. I/We have reviewed the activity rules and agree that the subject of this release will abide by them. I/We consent to the use of any video, photographs, audio recording, or any other media reproductions that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as LaGrange County Parks sees fit.

_____ parent/guardian signature date

_____ participant signature

Health Information Form

allergies or medical conditions

family physician: _____

phone number: _____

emergency contact: _____

I, _____, the parent or legal guardian of _____ agree and give permission to

LaGrange County Department of Parks and Recreation and its agents to transport aforementioned minor child to receive medical care if necessary.

_____ signature date