

## 2019 SCIENCE CAMP ENTRY FORM

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NAME	AGE	DATE OF BIRTH
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PARENT'S NAME	TELEPHONE (HOME)	(WORK)	(CELL)
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MAILING ADDRESS	CITY	ZIP
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GRADE ENTERING
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SCHOOL	EMAIL ADDRESS
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<b>\$45.00 FEE FOR CAMP</b> (Payment due at registration)	RECEIPT NO.
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Classes at North Depot  
(125 South Whitworth Ave.)

Check Payable to : **Brookhaven Recreation Dept.**

June 17-20      Monday-Thursday Session

Fee: \$45.00

Grade going into:

\_\_\_\_\_ K5- 3<sup>rd</sup> grade – 9:30 – 10:45 AM

\_\_\_\_\_ 4<sup>th</sup> – 6<sup>th</sup> grade – 11:00-12:15 PM

Supply Fee - **\$15.00** payable to the instructor – **Blaine Myers**  
(Payment due at registration)

# Over

**RELEASE BY PARENT OR GUARDIAN**

I \_\_\_\_\_, AM THE NATURAL PARENT AND/OR  
PARENT  
GUARDIAN OF THE MINOR CHILD \_\_\_\_\_ WHOSE

BIRTHDAY IS child \_\_\_\_\_.

BIRTHDAY  
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN  
AND ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO  
PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

Science Camp

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND  
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY,  
(OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD  
MAY EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR  
ATTENDING A RECREATIONAL ACTIVITY SPONSORED, OPERATED OR  
CREATED BY SAID CITY AND DEPARTMENT. I FURTHER RECOGNIZE AND  
ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL PROVIDE  
NO HEALTH AND ACCIDENT INSURANCE FOR MY CHILD TO COVER MY  
CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE PARTICIPATING  
IN THE CITY AND DEPARTMENT RECREATIONAL ACTIVITIES. THE  
RECREATION DEPT. HAS PERMISSION TO USE ANY PHOTOGRAPHY TAKEN  
DURING THE CLASSES FOR PUBLICITY PURPOSE. I HAVE READ AND  
UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS TERMS.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_