

2021 SCIENCE CAMP ENTRY FORM

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

SCHOOL	EMAIL ADDRESS
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\$50.00 FEE FOR CAMP	RECEIPT NO.
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(Payment due at registration)

Classes at North Depot

(125 South Whitworth Ave)

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

July 12 Monday-Thursday Session Fee: \$50.00

Grade going into:

_____ K5- 3rd grade – 9:30-10:45 AM

_____ 4th – 6th 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. I HAVE READ
AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS TERMS.

SIGNED _____

DATE _____