

SUMMER RECREATION REGISTRATION FORM

Child's Name: _____ *(Last)* _____ *(First)* _____ *(Middle Initial)* _____
As on birth certificate _____ *Male* _____ *Female* _____ *Date of Birth:* _____ / _____ / _____
Grade Entering: _____ *Age:* _____ *Circle/check one*

1. Parent/Guardian Information:

LAST NAME	FIRST NAME	MI	HOME/CELL PH
COMPLETE ADDRESS	CITY	ST	ZIP
WORK PHONE	ALT PHONE	EMAIL ADDRESS	

2. Parent/Guardian Info:

LAST NAME	FIRST NAME	MI	HOME/CELL PH	
Emergency Contact:	LAST NAME	FIRST NAME	MI	HOME/CELL PH

Persons authorized for pick up:

Name: _____	Phone: _____	Alt Phone: _____
Name: _____	Phone: _____	Alt Phone: _____
Name: _____	Phone: _____	Alt Phone: _____

Does your child have any handicapping limitations, allergies or anything of which we should be aware in an emergency situation?
Please list any allergies, medication needs etc.

What Insurance Company is covering your child? _____

~~~PLEASE READ THE FOLLOWING AND SIGN BELOW. Must be notarized!!!~~~

MEDICAL RELEASE/PERMISSION AND LIABILITY WAIVER

I/we, hereby grant permission for _____ (Camper) who is registered with the Hernando County Recreation Summer Programs, to participate in all programs and scheduled activities for the current summer. I/we authorize the Recreation Representative, in the exercise of his/her judgment as to the necessity, to obtain medical treatment in the event of injury or illness and the undersigned agrees to pay any expense incurred for this treatment. I understand that I/we will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which my minor child might sustain as a result of participation. I further agree to waive and relinquish all claims I or my minor child may have as a result of participating in this program, including its respective officials, officers, employees and volunteers. I do hereby fully release and forever discharge Hernando County from any and all claims for injuries, damages, or loss that my minor child and arising out of, connected with, or in any way associated with these programs.

I/we indemnify and hold harmless Hernando County, any of its agents, representatives, officers, or employees, from any claim for injury to our child during special activities and events, including travel to and from all field trips and events, and any claims based on the negligent action or inaction of Hernando County, its agents, representatives, officers, or employees, and agree not to institute or be a party to any action or suit against Hernando County or any of its agents, representatives, officers, or employees arising as a result of said student attending any summer program or any of the announced events to which I/we have not objected to the extent of the County's liability under general law.

I/we understand that Hernando County's summer programs are not equipped to handle children with special medical needs. I/we hereby swear or affirm that my/our child does not have any medical handicap that would require special medical needs and therefore release Hernando County from any liability resulting from the failure of Hernando County to provide for the special medical needs for my/our child.

I understand by registering for summer camp, photographs and videos that may be taken and used for print and/or electronic media for publication and future promotion of the event for the department.

This is to certify that I, as a parent/guardian with legal responsibility for this minor/child, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

Sworn to and subscribed before me this _____ day of _____, 2025.

Signature of Parent or Guardian _____

____ Personally known to me, or

____ Produced Identification: Type of Identification _____ DL# _____

Forms may be emailed to
recreation@hernandocounty.us

NOTARY PUBLIC, STATE OF FLORIDA,

Stamp Here

COUNTY OF _____