Nature Camp Registration Form

Participant Information (if your child has a friend they'd like to be grouped with, place the friend's name at top and we'll try to get them in the same group)

Full Name: _____

Goes By: _____

Birth date: __ __ / __ __ / _____ Age: _____ ☐ Male ☐ Female

Street Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Parent's Phone Home: _____ Work: _____ Cell: _____

Parent's e-mail address: _____

Other Important Information (health concerns, allergies, medications, etc): _____

_____

Emergency Contact Information

Name: _____

Relationship to Participant: _____ _____
(managing conservator, friend of parent, parent, guardian, etc.)

Phone Home: _____ ___ Work: _____ Cell: _____

Additional Authorized driver to pick up camper

Name (on Driver's License):_____Phone:_____

Name (on Driver's License):_____Phone:_____

LIABILITY WAIVER AGREEMENT

I understand that I am participating in Camp Mohawk Day Camp at my own risk of injury with full understanding and recognition of the potential dangers associated with the outdoor activities of camp. I hereby release Brazoria County, its officers, agents, employees, and all other persons affiliated with this program from any liability whatsoever arising from my participation in Camp Mohawk Day Camp. The release includes injuries caused by negligence of the persons being released. I certify that my health and physical fitness are adequate to participate in the program described above.

The participant has my permission to attend this activity. He/she will not attend if not feeling well. I give my permission to have him/her treated by a licensed physician if necessary and hold county harmless for administering routine first aid treatment. I also agree to be financially responsible for all expenses associated with providing medical care for the child. I give permission for the child to participate in all activities of the day camp unless noted hereafter.

EXCEPTIONS: _____

I have/have not provided medication(s) for the child to take with the supervision of the day camp personnel. The medication and dosage is as follows: _____

**** Photos may be taken of participants/programs for promotional use and remain property of the Brazoria County Parks Dept.**

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Archery Program Liability Waiver

This form must be completed prior to participation in any archery program of the Brazoria County Parks Department or in any Brazoria County park.

Participant:

Full Name: _____

Birth date: __ __ / __ __ / _____ ☐ Male ☐ Female

Address: _____

City, State, Zip Code: _____

Contact Home: _____ Work: _____ Cell: _____

Parent's e-mail address: _____

Emergency Contact Information

Name: _____

Relationship to Participant: _____

Contact Home: _____ Work: _____ Cell: _____

LIABILITY WAIVER AGREEMENT

I understand that I am participating in Archery Programs with the Brazoria County Parks Department at my own risk of injury with full understanding and recognition of the potential dangers (including serious injury or death) inherent to participating in or observing archery programs/demonstrations.

I hereby release Brazoria County, its officers, agents, employees, and all other persons affiliated with this program from any liability whatsoever arising from my participation in the sponsored program. The release includes injuries caused by negligence of the persons being released. I certify that I understand the potential risk to not only participants, but bystanders and observers from my participation in the sponsored program including injuries caused by negligence of the persons being released.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Nature Camp
- General Rules -

The Nature Camp Registration Site (for drop-off and pick-up) is the Karankawa Dormitory.

Participants may be dropped off at the registration site no earlier than 8:30 a.m. and must be picked up from the same location no later than 12:30 p.m.

All participants must be signed in and out.

Turn cell to silence for the duration of the camp (9 a.m. - 11:50 a.m.).

Electronic games and devices are discouraged - we will not have a secure area to store such items.

Shoes must have a secure heel. Tennis shoes, water shoes and sport sandals are permitted. Flip flops and bare feet are not permitted.

Wear sunscreen.

Dress for the weather.

Campers should bring their own refillable water bottle. Filtered drinking water will be provided.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please return completed forms and payment to:

Brazoria County Parks Dept. - Nature Camp
41871 State Highway 288
Angleton, TX 77515

If you have questions, concerns, or need more information, please contact Nathan at nathanm@brazoriacountytx.gov or 979-864-1152.