



Clean Water Coalition
CWC
of Indian River County, Inc.



Indian River County
Board of County Commissioners
ircgov.com

Camper information:

NAME: _____ MALE ___ FEMALE

ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____

ENTERING GRADE: _6th ___ 7th ___ 8th ___ AGE: _____

PHONE: _____

EMERGENCY PHONE: _____

ALLERGIES _____

MEDICATIONS/ MEDICAL CONDITIONS _____

PARENT/ GAURDIAN INFORMATION:

NAME(S): _____

RELATIONSHIP: _____

EMAIL: _____

PROGRAM WORKSHEET:

Price for Camp Session \$100.00 per camper Total \$ _____

Camp Week: _____ July 11-15 _____ August 1-5

Cash _____ Check # _____ Credit Card _____

***** Make sure you have a confirmation before assuming the camper is eligible to attend the designated week.**

Acknowledgement of Risk & Release

ALL BOXES MUST BE SIGNED

Privacy Policy _____ **Initial**

PIAS/CWC/IRCGOV will not release any information regarding your child/guardian to any third party Under any circumstances with the exception being appropriate medical persons during a medical situation.

Publicity Release _____ **initial**

I give permission for any images, likenesses or quotes taken of my child/guardian to be used for PIAS/CWC/IRCGOV publicity purposes, including but not limited to newsletters, social media, presentations and websites.

Liability Release _____ **initial**

I have voluntarily requested that my child/guardian be placed in a science nature activity program with PIAS/CWC/IRCGOV. I am not giving up my right to justice in the case of negligence but rather am acknowledging that a camp PIAS/CWC/IRCGOV program environment can have dangers both seen and unforeseen that may be out of control of the program. In these situations, I will hold harmless of any liability PIAS/CWC/IRCGOV, its officers, agents, employees or volunteers.