



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.