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The Hernando County Sheriff's Office
Richard B. Nugent, Sheriff



Sheriff's R.O.A.R. Summer Day Camp-2009

<p align="center">SESSION 1 <u>June 23 - 26, 2009</u> West Hernando Christian School 2250 Osowaw Blvd. Spring Hill, FL</p> <p align="center">FULL</p>	<p align="center">All sessions are 9:00 a.m. – 3:00 p.m.</p>
<p align="center">SESSION 2 <u>July 6 – 10, 2009</u> Kennedy Park 895 Kennedy Blvd. Brooksville, FL</p> <p align="center">FULL</p>	<ul style="list-style-type: none"> ➤ Please note the new locations this year. ➤ Lunches and snacks are provided; however if your child has a special food diet or food preferences, they can bring their own lunch/snacks in a small cooler. ➤ Parents must provide transportation to & from camp. ➤ All camp registrations are on a <u>first come basis</u>. ➤ There is no charge for this camp. ➤ The Sheriff's Kids Camp is funded by drug forfeiture money. ➤ Your child must be <u>at least 6 years old</u> PRIOR to their scheduled camp date.
<p align="center">SESSION 3 <u>July 13 - 17, 2009</u> Hillside Community Baptist Church 27440 Cortez Blvd. Brooksville, FL</p>	
<p align="center">SESSION 4 <u>July 20 - 24, 2009</u> St. Joan of Arc Catholic Church 13150 Dr. ... Brooksville, FL</p> <p align="center">FULL</p>	<p align="center">All sessions at all locations are 9:00 a.m. – 3:00 p.m.</p>

An action packed,
 fun filled five-day camp
 For kids ages
 6-12 years.

FREE to the first 60
 registered campers each week.
 (Each child may only attend one,
 week-long session)

Team Sports
 Arts & Crafts
 Snacks & Lunch
 Games & More

Please complete an application for each camper:

Deliver to: Hernando County Sheriff's Office/18900 Cortez Boulevard
 or Mail to: Attention: Community Services Division
 P.O. Box 10070, Brooksville, FL 34603

Any questions, please call
Vickie Porter @ (352) 754-6830 Ext. 53664
Faxed copies will NOT be accepted.

HERNANDO COUNTY SHERIFF'S OFFICE, Richard B. Nugent, Sheriff
SHERIFF'S R.O.A.R. SUMMER DAY CAMP
2009 REGISTRATION AND RELEASE FORM

PLEASE ONLY CHECK ONE! Faxed copies will NOT be accepted.

SESSION 1
 June 22 – 26, 2009
 West Hernando
 Christian School

SESSION 2
 July 6 – 10, 2009
 Kennedy Park

SESSION 3
 July 13 – 17, 2009
 Hillside Community Baptist
 Church

SESSION 4
 July 20 -24, 2009
 St. Joan of Arc
 Catholic Church

CAMPER NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

ADDITIONAL EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Who will pick camper up and what is relationship: _____

As the parent(s)/guardian(s) of _____ I/we hereby agree:

(PLEASE READ CAREFULLY)

1. Not to hold the Hernando County Sheriff's Office, Eckerd Youth Alternatives, Inc., Florida Sheriff's Youth Ranch, Inc. or staff responsible for illness or injury.
2. To give permission to participate in approved camp activities, except as restricted by doctor's orders.
3. To give the listed agencies permission to photograph and/or video and allow such images to be used for media coverage and for program development which may include presentations/participation at various community, district, or state conferences.
4. To give the agencies complete authority to address disciplinary matters, and if there are any medical problems/issues to transport to a medical facility.

a. Is your child being treated for any of the following: (Please Circle)

Diabetes	Yes	No	Hemophilia or bleeding disorder	Yes	No
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Asthma	Yes	No	Epilepsy or Seizures	Yes	No
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Other (please list) _____

b. Is your child currently taking medication? Yes No

Prescription Medication *

Non-prescription Medication *

*** All medication must be in original pharmacy container/bottle and labeled with appropriate medication label and times for administration must be noted.**

c. Does your child have allergies: Yes No (If yes, please specify) _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____