



**KEEP THIS PAGE FOR REFERENCE**  
**The Hernando County Sheriff's Office**  
**Richard B. Nugent, Sheriff**



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

<p align="center"><b>SESSION 1</b>  <u>June 22 - 26, 2009</u>  <b>West Hernando Christian School</b>  <b>2250 Osowaw Blvd.</b>  <b>Spring Hill, FL</b></p>	<p align="center">All sessions are  <b>9:00 a.m. – 3:00 p.m.</b></p> <p align="center"><b>All sessions are currently full! Please fill out the registration to be put on our waiting list. We will call you if there is an opening.</b></p>
<p align="center"><b>SESSION 2</b>  <u>July 6 – 10, 2009</u>  <b>Kennedy Park</b>  <b>899 Kennedy Blvd.</b>  <b>Brooksville, FL</b></p>	<ul style="list-style-type: none"> <li>➤ Please note the new locations this year.</li> <li>➤ 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.</li> <li>➤ Parents must provide transportation to &amp; from camp.</li> <li>➤ All camp registrations are on a <u>first come basis</u>.</li> <li>➤ There is no charge for this camp.</li> <li>➤ The Sheriff's Kids Camp is funded by drug forfeiture money.</li> <li>➤ Your child must be <u>at least 6 years old</u> PRIOR to their scheduled camp date.</li> </ul>
<p align="center"><b>SESSION 3</b>  <u>July 13 - 17, 2009</u>  <b>Hillside Community Baptist Church</b>  <b>27440 Cortez Blvd.</b>  <b>Brooksville, FL</b></p>	
<p align="center"><b>SESSION 4</b>  <b>July 20 - 24, 2009</b>  <b>St. Joan of Arc Catholic Church</b>  <b>13485 Spring Hill Dr.</b>  <b>Spring Hill, FL</b></p>	<p align="center">All sessions at all locations are  <b>9:00 a.m. – 3:00 p.m.</b></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

**\*\*\*WAITING LIST \*\*\*WAITING LIST\*\*\***

All sessions are full! Please complete this registration and return it if you would like to be put on our waiting list.

We will call you if there is an opening.

**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)**

- 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.
- To give permission to participate in approved camp activities, except as restricted by doctor's orders.
- 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.
- 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
Asthma	Yes	No	Epilepsy or Seizures	Yes	No
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: \_\_\_\_\_