

Hope for North Brevard Inc. presents

Wild & Out SPORTS EDITION Summer Camp 2016

Schedule	Time	Grades	Cost
June 6 – July 29	Mon - Fri	1-8 th	\$30 per week/
	8 am – 3:30 pm		per child

The Program:Registration begins May 16, 2015. Program will be held at Gibson Youth Center (835
Sycamore Street, Titusville, FL 32780), starting June 6th @ 8 am. Camp activities include
but are not limited to: free breakfast & lunch, incentive based reading program, personal
enrichment & character formation activities, swimming lessons & the YMCA, sports
recreation & weekly field trips (ex. Rock Springs, Legoland, Orlando Science Center, etc.)
This year is SPORTS EDITION! Many of our activities, excursions and guests will be
focused around exposing the students to a variety of sports.

The Staff:Wild & Out Summer Camps are staffed by our Gibson Youth Center team, as well as by
HNB summer interns and volunteers.

Cost: \$30.00* per week/per student. Includes registration & T-shirt (*note: out-of-town excursions may require additional fees)

To register, fill in the information below and send along with a check payable to "*Hope for North Brevard Inc.*" & mail to: HNB Inc., 416 Pine Street, Titusville, FL 32796

Enrollment Limited. Pre-registration is highly encouraged!

For additional questions, contact Trey Gordon at tgordon@hopenb.org

Wild & Out Summer Camp	**tear of	f**				
Last Name	First		Age	DOB		
Grade in school August 2015 School attended						
Address	City	S	itate	_ Zip		
Home Phone	Contact Person		Email			
Emergency Phone Emergency contact						
Shirt Size (circle one) Adult S M L XL XXL Youth S M L XL						
Week(s) Attending (Circle all that apply) 1 2 3 4 5 6 7 8						

Parent/Legal Guardian Permission to Participate. Please read and sign below

The undersigned, which hereby represents that he/she is the natural parent (or legal guardian) of ________ does hereby consent to said minor (child) participation in the HNB Inc. programs/activities. The undersigned does hereby assume all risk and hazards incidental to the conduct of this activity whether because of negligence, action or inaction by HNB Inc. or its staff, volunteers or agents during camp, and/or transportation to and from camp activities. The undersigned expressly acknowledge that he/she releases HNB Inc. and its staff, volunteers, agents of any co-sponsoring agency from all liability for any injury, loss or damage connected in any way whatsoever to participation in HNB Inc. activities whether on or off HNB Inc. premises. The undersigned acknowledges that participation in the activity may involve risk of conduct between the participants. HNB Inc. reserves the right to photograph, video, film, or reproduce in any medium, any participant for future use, at no compensation to the participant, parent, guardian or agent.

Dated this _____ day of _____

Parent/Guardian Signature _____

Emergency Medical Treatment Authorization: Please read and sign below.

I hereby authorize and give my consent for any emergency medical, surgical, or dental treatment for my son/daughter, should it be deemed advisable by a medical doctor or dentist. I understand that this is to avoid undue delay and assure prompt medical attention/treatment and that only a licensed and qualified, medical doctor/dentist will be engaged for such an emergency. Any HNB Inc. officers, coaches, volunteers, or another responsible adult escort is authorized to act on my behalf, ONLY after all reasonable efforts have been made to contact me.



Signature of parent or legal guardian ____