Register Now!

Last Name	First	Age		_DOB	
Grade in school August 2018School attended					
Address	Ci	ty	State	Zip	
Home Phone	Contact Person				
Email					
Emergency Phone	Emergency Phone Emergency Contact				
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					
Dated this day	of				
Parent/Guardian Signat	ure				
Emergency Medical Treatment Authorization: Please read and sign below.					
son/daughter, should it is undue delay and assure doctor/dentist will be en	give my consent for any emote deemed advisable by a prompt medical attention/gaged for such an emerger is authorized to act on my	medical doctor or den treatment and that onl ncy. Any HNB Inc. off	ntist. I under ly a licensed ficers, coach	rstand that this is to avoid d and qualified, medical nes, volunteers, or another	
Signature of parent or le	egal guardian			HOPE	

Enrollment Limited. Pre-registration is highly encouraged!

Direct inquiries to Trey Gordon 321-863-6357 or Stacy Lincoln 321-362-0774

Sponsored by





Exercise & Nutrition

Weekly Field Trips

Free Lunch & Snacks

Swimming

Incentive Based Reading **Arts & Crafts**

Sports Activities



Summer CAMP



Growing Healthy Kids

Contact Info
Trey Gordon (321) 863-6357

Growing Healthy Kids

Wild & Out Summer Camp Emerald Place Apartments 1040 Tree Lane, Titusville, FL

June 11 - July 27