 **Jr. Ranger Camp (ages 5-7) 2022Registration Form**

Please return this 2 page form ASAP to : FAX: 706-663-8906; email: fdrpark\_naturalist@yahoo.com or In person or mail to: F. D. Roosevelt State Park 2970 GA Highway 190 Pine Mountain, GA 31822 Phone: (706)663-4858. Campers are not registered until payment is received.

Camper’s Name:

Age: Grade (2021-2022 year):

Parent/Guardian: Home Phone:

Cell: Address:

City: State: Zip:

Email:

### Campers will design own T-shirt, but they will be provided one for each participant. Circle size:

Youth S Youth M Youth L Adult Small Adult Med. Adult Large Adult X-Large

### Please list contact information of authorized adults with permission to pick-up your child.

Name: Relation: \_ Phone:

Name: Relation: \_ Phone:

Name: Relation: \_ Phone:

### Please list 2 contacts other than parent/guardian to contact in case of an emergency:

Name: Relation: \_ Phone:

Name: Relation: \_ Phone:

**Jr. Ranger Camp Summer 2019 Registration Form**

My child has the following known allergies, medications, and significant medical history:

Anything else Park Staff should know about your child to help him or her have a better camp experience:

### Camper Release Form

**I understand that the F. D. Roosevelt State Park and the Georgia State Park Service are not responsible for any camper’s personal items (money, clothing, electronics. etc.) and any possible injury. I have discussed appropriate behavior with my child and understand that inappropriate behavior and/or not following rules may result in dismissal from the program with no monetary refund. I also give the Park permission for state- certified archery instruction, guided walks/programs and to use photographs of my child either online, in the newspaper, or in print to promote Georgia State Parks’ programming.**

**Print Name Relation to Camper**

**Signature**

**Date**

**For Park Use Only**

**Date received: By: FAX email In person Complete registration? Yes or No Missing: Confirmed:**

**PAID: By: CC check cash**