

*Madison Parks and Recreation*

**REGISTER  
NOW!**

**Summer Camp  
at Hoover Ridge!**

**Outdoor games  
Crafts  
Nature activities  
Fishing  
Hiking  
Field trips  
Water play  
Special interest  
activities**

**Ages: K - 8th Grade\*\***

**Cost: \$125/week\*\*\***

**Before/After Care: \$25/week**

**Regular Hours: 8:00am - 4:00pm**

**Before/After Care: 7:00am - 5:00pm**

**Contact us regarding Inclusion Program**

**Registration Closes: 1st May 2019\***

\*only 10 participants per age group

\*\*6th - 8th grade combined

\*\*\*ask about sibling discount

**Register online at  
[www.hooverridge.com](http://www.hooverridge.com)**

# Madison County Parks and Recreation

## Summer Camp Registration

### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Gender: M / F Current Grade: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

### Parent/Guardian Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

### Emergency Contacts: (for when you can't be reached)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

- In agreeing to participate in the program, as parent or guardian of Participant, I do hereby affirm that Participant's general health is good and is not adversely affected by exercise. Participant is capable of performing activities of this nature.
- In consideration of participating in this activity, I do assume all risk of any injury and will indemnify and hold harmless, from any and all liability, action, cause of action, claims and demands of every kind or nature whatsoever that I have or which arise from or in connection with Participant's involvement in this activity, the County of Madison, VA, the County Board of Supervisors, the Madison County Department of Parks and Recreation, the Madison County School Board and all officers, agents, employees, staff, volunteers and successors.
- It is likewise assumed and agreed that I will, at my own expense, make sure Participant wears proper clothing and protective equipment during activities, and that it is the responsibility of myself, as Parent or Guardian of participant, to make sure the criteria are met. I also agree to allow transportation to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid if and when deemed necessary.
- I am also agreeing to allow my child's photograph to be used on the MCPRA website, [www.hooverridge.com](http://www.hooverridge.com) or any publication (i.e. newsletters, brochures) we may have for programs and events. I may choose to opt out by writing a letter to MCPRA or e-mailing Lindsay Von Herbulis at [lindsay.mcparcsrec@gmail.com](mailto:lindsay.mcparcsrec@gmail.com).

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Summer Camp Date Selections:

Please indicate B/A for Before and After Care and SIB for Sibling Discount on line for each week needed.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> June 10-14 _____ | <input type="checkbox"/> July 8-12 _____  | <input type="checkbox"/> July 29-Aug 2 _____    |
| <input type="checkbox"/> June 17-21 _____ | <input type="checkbox"/> July 15-19 _____ | <input type="checkbox"/> Aug 5-9 _____          |
| <input type="checkbox"/> June 24-28 _____ | <input type="checkbox"/> July 22-26 _____ | <input type="checkbox"/> Inclusion Coach Needed |

Registration forms can be dropped off at the PRA office/drop box or mailed to MCPRA at P.O. Box 435, Madison, VA 22727. You can also register and pay online at [www.eteamz.com/madisonrecreationauthority/](http://www.eteamz.com/madisonrecreationauthority/). Registration closes May 1. Spaces are limited!

\*\*Payment is due 10 days before individual camp start date.

MCPRA Use Only: Registered by: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Check #: \_\_\_\_\_