

# Mohawk Nature Camp Registration Form

**Participant Information (if your child has a friend they'd like to be grouped with, place the friend's name at top and we'll try to get them in the same group)**

Full Name: \_\_\_\_\_

Goes By: \_\_\_\_\_

Birth date: \_\_\_ / \_\_\_ / \_\_\_\_\_      \_\_\_ Male \_\_\_ Female

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

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Other Important Information (health concerns, allergies, poison ivy, etc): \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_  
(managing conservator, friend of parent, parent, guardian, etc.)

Contact Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## LIABILITY WAIVER AGREEMENT

I understand that I am participating in Camp Mohawk Day Camp at my own risk of injury with full understanding and recognition of the potential dangers associated with the outdoor activities of camp. I hereby release Brazoria County, its officers, agents, employees, and all other persons affiliated with this program from any liability whatsoever arising from my participation in Camp Mohawk Day Camp. The release includes injuries caused by negligence of the persons being released. I certify that my health and physical fitness are adequate to participate in the program described above.

The participant has my permission to attend this activity. He/she will not attend if not feeling well. I give my permission to have him/her treated by a licensed physician if necessary and hold county harmless for administering routine first aid treatment. I also agree to be financially responsible for all expenses associated with providing medical care for the child. I give permission for the child to participate in all activities of the day camp unless noted hereafter.

EXCEPTIONS: \_\_\_\_\_

I have/have not provided medication(s) for the child to take with the supervision of the day camp personnel. The medication and dosage is as follows: \_\_\_\_\_

**\*\* Photos may be taken of participants/programs for promotional use and remain property of the Brazoria County Parks Dept.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Archery Program Liability Waiver

**This form must be completed prior to participation in any archery program of the Brazoria County Parks Department or in any Brazoria County park.**

## Participant:

Full Name: \_\_\_\_\_

Birth date: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_\_      \_\_ Male    \_\_ Female

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

City, State, Zip Code: \_\_\_\_\_

Contact Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail address: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Contact Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## LIABILITY WAIVER AGREEMENT

I understand that I am participating in Archery Programs with the Brazoria County Parks Department at my own risk of injury with full understanding and recognition of the potential dangers (including serious injury or death) inherent to participating in or observing archery programs/demonstrations.

I hereby release Brazoria County, its officers, agents, employees, and all other persons affiliated with this program from any liability whatsoever arising from my participation in the sponsored program. The release includes injuries caused by negligence of the persons being released. I certify that I understand the potential risk to not only participants, but bystanders and observers from my participation in the sponsored program including injuries caused by negligence of the persons being released.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Nature Camp  
- General Rules -**

The Nature Camp Registration Site (for drop-off and pick-up) is the small pavilion near the playground and bathroom.

Participants may be dropped off at the registration site no earlier than 8:30 a.m. and must be picked up from the same location no later than 12:30 p.m.

All participants must be signed in and out.

Turn cell phones off for the duration of the camp (9 a.m. - 11:50 a.m.).

Electronic games and devices are discouraged - we will not have a secure area to store such items.

Closed toe shoes are required for Nature Camp - no flip-flops, sandals, etc.

Wear sunscreen.

Dress for the weather.

Drinking water will be provided.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed forms and payment to:  
Brazoria County Parks Dept. - Nature Camp  
313 W. Mulberry  
Angleton, TX 77515**

**If you have questions, concerns, or need more information, please contact Mike at [mikem@brazoria-county.com](mailto:mikem@brazoria-county.com) or 979-864-1152.**