**One form per student please. Thank you!**

**Beaufort Conservation District’s “Friday Adventure Days”**

**9:00am to 12:00 noon Crystal Lake Park**

Rising 1st through rising 6th grade students (Must have completed Kindergarten)

Please X the day or days attending below.

**\_\_\_\_\_ July 9 \_\_\_\_\_ July 23**

Register by July 1, 2021 Maximum of 20 students per day

**Please fill in all information below**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Age: \_\_\_\_\_\_ rising to \_\_\_\_\_\_\_\_ grade   school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone &/or Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact during camp if not parents above & please note relationship (i.e. grandparent, uncle, friend)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Physicians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food, Allergies or medicines: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent of guardian please sign:

No, my child is not required to wear a mask. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or Parent or guardian signature required here or below

Yes, my child will be required to wear a mask. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian signature required here or above

Y\_\_\_ N\_\_\_   Photographic permission

Please email this form & the Beaufort County release form, signed by a parent or guardian or mail to us at

[bswcd@islc.net](mailto:bswcd@islc.net) Beaufort Conservation District

PO Box 70

Port Royal, SC 29935

Our office; Hours: 9am - 2pm, Mon. - Fri. Crystal Lake Park, 124 Ladys Island Drive

\*\*\**If signed up & not able to attend, please let us know ASAP so we can call kids on the waiting list!*