

BREVARD COUNTY PARKS & RECREATION—CENTRAL AREA PARKS OPERATIONS
Day Camp & Specialty Camp Registration —“Recreating the Future”

YOUTH PROGRAMS

Please check appropriate Program: Teens Preschool Sports Nature Persons w/Disabilities School Age Camp Location _____

PLEASE PRINT

Participant's Name: _____ Age: _____ Grade Completed: _____ Sex: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____ Home Phone: _____

Parent/Guardian Name: _____ Place of Employment: _____ Driver's License Number _____

Email: _____ Work Phone: _____ Pager: _____ Cell Phone: _____

Parent/Guardian Name: _____ Place of Employment: _____ Driver's License Number _____

Email: _____ Work Phone: _____ Pager: _____ Cell Phone: _____

Alternate Emergency Contact: _____ Relationship: _____ Phone: _____

Parks & Recreation will not release your child to anyone other than those to whom you have given written permission. List other people authorized to pick up your child:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Swimming is part of some programs. Please indicate if your child is allowed to go swimming by checking the appropriate box: Yes No

NOTE: All children are swim tested by certified lifeguards. Non-swimmers are required to wear life jackets and must stay in shallow water. A wristband will be provided for identification of all non-swimmers. Swimming lessons are NOT part of camp. Lessons are available through a separate program. Please inquire.

Child is a SWIMMER NON-SWIMMER If your child is a swimmer, are they: EXCELLENT GOOD FAIR

Parks & Recreation provides a T-shirt to participants for some programs, while supplies last. Please indicate your child's size _____

Video movies are part of some programs. Every attempt is made to show age-appropriate movies. However, a "PG" movie is shown at times. Please check those approved for your child: "G" only "PG" okay "PG 13" okay

PLEASE READ CAREFULLY BEFORE SIGNING!

_____ My initials here acknowledge that I received a copy of the program rules and regulations and program discipline policy which I have read and understand.

Media Release (check one) I hereby give permission deny permission for release of photographs taken of my child in this program.

Emergency Medical Release: _____ My initials here indicate that, in the event of a medical emergency, and when a parent/guardian cannot be reached, I grant permission for my child to receive emergency medical treatment by the proper authorities. Insurance Company: _____

Participant's Physician Phone: _____ Participant's Hospital Phone: _____

Please indicate any other information helpful to staff concerning your child. _____

Having been informed of the activity to provide supervised recreation for boys/girls, I/we, the parents of the candidate named above, do hereby give my/our approval in his/her participation in any and all of the activities. I/we assume all risks and hazards incidental to the conduct of the activity, transportation to and from the activities, and I/we do further hereby release, absolve, indemnify and hold harmless Brevard County, its agents and employees, the organizers and sponsors, any and all of them. In case of injury to my/our son/daughter, I/we hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child to and from activities. By signing below I/we are also acknowledging that I/we have read, understand, and agree to the Program Rules and Regulations.

Parent/Guardian Signature: _____ Date: _____

Program/Activity _____ Group _____ Counselor _____
 Any siblings in other program/activity? Yes No If Yes, which program _____ Sibling's Name _____

Camps at Centers: Cocoa West=CW, Joe Lee Smith=JS, Kiwanis Island=KIP, McLarty=ML, Travis=TR, Woody Simpson=WS

Camps: Extreme=EX, Marine Biology=MB, Nature=NA, Step Ahead Preschool=SA, Persons with Disabilities=PD, Sports=SP, Teens=TE, Other=OT, Spring Break=SB, Winter Break=WB

PROGRAM	BEFORE CARE If Applicable	AFTER CARE If Applicable	WEEK	CAMP DATES	DATE PAID	RECEIPT #	AMOUNT	PAYMENT CA CK CC	FIELD TRIP FEE PAID	STAFF INITIALS	COMMENTS
CW JS KIP ML TR WS SB TE PD OT	YES NO	YES NO	SB								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	1								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	2								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	3								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	4								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	5								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	6								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	7								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	8								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	9								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	10								
CW JS KIP ML TR WS EX MB NA SA PD SP TE OT	YES NO	YES NO	11								
CW JS KIP ML TR WS WB TE PD OT	YES NO	YES NO	WB 1								
CW JS KIP ML TR WS WB TE PD OT	YES NO	YES NO	WB 2								

REFUND POLICY

Application for refund must be received 10 business days prior to scheduled date of use, except for illness or family emergencies, in which case proof must be provided, and application must be received within 10-days following absence. A processing fee of \$20.00 will be assessed for refunds. Daily refunds are not available. My signature below acknowledges that I have read, understood, and agree to the above stated refund policy.

Parent/Guardian Signature _____

Date _____

