

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

YOUTH PROGRAMS

Please check appropriate Program: Teens Future Leader Expanded Camp Nature Specialty Other 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: _____

BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
PARKS & RECREATION DEPARTMENT

MEDICAL/MEDICINE INFORMATION FORM

Child's Name _____ Grade _____

If your child takes medication to be administered at the program, please fill out the medication section of this form.

MEDICATION

My child takes a prescription medication.

Name of medication _____, dosage and time of day should be administered

Name of medication _____, dosage and time of day should be administered

Name of medication _____, dosage and time of day should be administered

I understand the medication and this form will be kept in the office by the supervisor and administered as closely to schedule as possible. Medication not picked up the last day of the program will be discarded. Only a daily dosage is permitted at the program and the medication must be in it's original container.

I also understand that the information below is voluntary, and that will be used to assist us in meeting any special needs of your child.

Parent/Guardian Signature _____ Date _____

HEALTH CONDITIONS - PLEASE CHECK

- | | | | |
|-----------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart | <input type="checkbox"/> Hypoglycemic | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Gastric | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Surgery _____ | |

IMMUNIZATION STATUS

- Complete Incomplete

SPECIAL NEEDS

- | | | |
|---|--|---|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Spina Bifida | | <input type="checkbox"/> Other _____ |

ALLERGIES

- | | | |
|---------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Food | <input type="checkbox"/> Medicine _____ |
| <input type="checkbox"/> Other _____ | | |

SPECIAL EQUIPMENT

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Contacts | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Shunt | <input type="checkbox"/> Tracheotomy | <input type="checkbox"/> Gastric Tube |

ADDITIONAL INFORMATION _____

RESTRICTIONS _____

**PROCEDURE FOR CONTROLLING HEAD LICE
(PEDICULOSIS CAPITIS)**

***ADOPTED FROM RECOMMENDATIONS OF AMERICAN ACADEMY OF PEDIATRICS,
CENTER OF DISEASE CONTROL, AND HARVARD SCHOOL OF PUBLIC HEALTH***

To be consistent with procedures recommended by Brevard County Health Department and Brevard County Public Schools, the following procedures will be used by recreation staff when a participant at a program is observed to be infested with live head lice:

1. The parent/guardian will be notified immediately.
2. A fact sheet on education and treatment of head lice will be sent home with all participants. The sheet for the participant with head lice will include a statement to be signed by the parent/guardian that treatment was done.
3. For a participant to be readmitted to the program following live lice infestation, he/she must be checked, have no live head lice, and have a statement signed by parent/guardian that treatment was done.
 - If live lice are found, the participant will not be readmitted and the entire procedure will need to be repeated.
 - If no nits are found, further rechecking will not be done.
 - If nits are found, the participant will be admitted and rechecked in 8-10 days.

Parent/Guardian Signature _____ Date _____

Child's Name: _____

Brevard County Parks & Recreation Department - South Area Parks Operations
PARENT INFORMATION - DAY CAMP RULES AND GUIDELINES

REGISTRATION Fees must be pre-paid in full. It is recommended that you pay for the weeks that you want at time of registration in order to guarantee your child's enrollment for camp. Please be sure that all of the information in your registration packet is correct. Parent/Guardian is responsible to keep this information updated and notify staff in writing of any changes in information. **A late payment fee of \$5.00 per child/per day** will be assessed if fees are not paid prior to child attending the program. Please retain your receipt(s) if needed for IRS. Brevard County Tax ID#: 59-6000523.

PROGRAM DISCIPLINE POLICY Please review these rules with your child so we can have a great time together! Parents are notified when it is necessary to discipline so we can work as a team to solve potential problem behavior. Positive reinforcement principles will be used to relate to your child. Staff reserves the right to advance to a higher level of discipline if behavior warrants. The County reserves the right to expel immediately from the program any child that is destructive to County, school or personal property. In the event your child has a discipline problem, a discipline report will be sent home with your child. If your child is suspended for disciplinary reasons, a refund will be given for each full week that has not been used by your child. Once a child is removed from any program, the child may be suspended from all Parks and Recreation activities for the remainder of that year. Each incident will be documented and supervisor notified before child is suspended or removed from program.

FIGHTING—CONTACT MADE 1st Incident: Child will be picked up the day of incident and be suspended for the next day. 2nd Incident: Suspension one week. 3rd Incident: Removal from program.

FIGHTING—NO CONTACT MADE 1st Incident: Problem solving and child calls parent. 2nd Incident: Child will be picked up the day of incident and be suspended for the next day. 3rd Incident: Suspension one week. 4th Incident: Removal from program.

DISRESPECTFUL OR DISRUPTIVE BEHAVIOR 1st Incident: Problem solving. 2nd Incident: Child calls parent. 3rd Incident: Child will be picked up the day of incident and be suspended for the next day. 4th Incident: Suspension one week. 5th Incident: Removal from program.

PROGRAM RULES

1. Walk **quietly** in the halls.
2. Ask permission before leaving the group.
3. Treat all equipment with respect and care.
4. No fighting, bullying or abusive language will be tolerated.
5. Keep all hands and feet to yourself. No horseplay will be permitted.
6. Be respectful of other children and staff.
7. Clean up after yourself following each activity.
8. No toys or electronics are permitted.
9. Dress appropriately. Tennis shoes and play clothes are required daily.

SPECIAL NEEDS CHILDREN Any person with a disability requiring reasonable accommodation in order to participate in our activities and programs must call **(321) 255-4400**.

ATTENDANCE AND PARTICIPATION Your child is not required to attend the program daily; however, when present, the children are encouraged to participate. As attendance is not required, we will not contact the parent/guardian concerning an absence. If you are concerned that your child did not make it to the program, please contact us immediately at **(321) 255-4400**.

Attendance Guidelines:

1. If your child needs to go home during the day or leave the program early, we require a signed note from the parent/guardian prior to dismissal.
2. If you need to pick up your child early, please personally inform a staff member that you are signing out the child.
3. If someone is not listed on the release form, and will be signing out the child, a signed note from the parent/guardian is required prior to dismissal and proof of I.D. is required.

CHECK IN Each child **MUST** be escorted into the program and checked in and out of the program sign in/sign out sheet **DAILY**. Please do not drop your child off prior to 7:00 a.m. as our staff is not available to supervise your child before the scheduled program time. The Before Care fee will be assessed for children arriving between 7:00 a.m. through 9:00 a.m. If your child is a walker/biker please note on top of registration card, they will then be allowed to check themselves in and out of the program at the appropriate times (no earlier than 4pm unless parent provides note/phone call). **ALL** late arrivals must be signed in with program staff. Brevard County will not be responsible for children who are not signed into the program.

CHECK OUT Parent/legal guardian must provide names of persons who are authorized to leave the site with a child. Parent/Guardian is responsible to keep this information updated. A legal document must be presented to identify any change in legal custody that affects who is or is not authorized to leave the site with the child. At the time of pickup, proper picture identification and signature will be required.

The After Care fee will be assessed for children remaining after 4:00 p.m. until 6:00 p.m. **A late pickup fee of \$20.00 per child** will be assessed for children not picked up within 15-minutes after conclusion of the After Care Program. If the parent/guardian is late, a telephone call is appreciated, but does not relieve you of the responsibility of the late fee. Payment of this fee will be required before your child will be allowed back in the program. Repeated abuse of program hours will result in dismissal from program.

FIELD TRIPS Field trips are for weekly registered participants and staff only. All field trips are scheduled in advance and may be canceled at any time. Field trips must be paid for in full the week prior to the scheduled field trip. Program T-shirts MUST be worn on field trips. Additional information will be given the week of the field trip. Please send your camper(s) with a change of clothes on ALL water days. If a child cannot attend a field trip, parents need to make arrangements with the staff supervisor for the child to stay at another camp location for the day.

REFUNDS An 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 the application must be received within 10-days following absence. **A processing fee of \$20.00** will be assessed for each refund application. Daily refunds are not available.

TRANSFERS All transfers must be requested 7 days prior to the affected week(s) except for illness or family emergencies, in which case proof must be provided. Failure to request a transfer in the given time will result in a loss of funds.

DISHONORED CHECKS If your check is returned unpaid by your bank, a minimum service charge based on the amount of the check, along with the face value of the check must be paid in full in cash, certified check or credit card. Your child will not be allowed to attend the program until payment is made in full. Future registrations must be paid in cash, certified check, or credit card. Checks are not allowed to be re-deposited.

Minimum Service Fees:

Check Amount Fee

Up to \$50.00 \$25.00

\$50.01 - \$300.00 \$30.00

Over \$300.00 \$40.00 or 5% of face value of the check, whichever is greater

EMERGENCY In case of an emergency, the staff will call 911. The staff will make every effort to contact you at the numbers you provided in the registration packet. All expenses incurred as a result of a child requiring medical attention are the sole responsibility of the parent/guardian.

MEDICINE/MEDICAL INFORMATION Medicine may be dispensed to a child if authorized in writing by a parent or legal guardian. Medication forms should be picked up at time of registration. Only a daily dosage is permitted at the program and the medication must be in its original container. See the site supervisor for specific information required before medication will be dispensed. If your child is ill, do not send him/her to the program. If your child becomes ill during program hours you will be required to make arrangements to pick your child up immediately.

MISCELLANEOUS INFORMATION Your child will be assigned to a staff member throughout the program. Our program goal is not to exceed 1:15 ratio for child to staff member. Children will be transported in vans and buses for scheduled activities only. Staff cannot use their private vehicles to transport participants. Parents are welcome to drop by anytime. Visitors are NOT allowed to attend the program.

LUNCHES/SNACKS Your child will need to bring a lunch and drink daily unless otherwise noted. A morning and afternoon snack time will be allotted; therefore, you may wish to send snacks with your child. We strongly advise bringing a refillable water bottle to camp everyday.

CLOTHING Please send your child in comfortable clothes, which are appropriate for the program activities. No open toed shoes, sandals, or flip-flops are permitted. Shorts, T-shirts, and sneakers are preferred.

HEAD LICE Head lice are common in Florida and do not represent the cleanliness of the program. Any child found with head lice or nits will be isolated and sent home immediately. The child will not be allowed to return to the program until the head is free of lice or nits. Please assist us by checking your child's head daily. Sharing of hats or brushes is discouraged at the program.

MONEY Please limit the amount of money you send with your child to the program. Staff cannot be responsible for your child's money.

ELECTRONICS/TOYS Children are asked NOT to bring cell phones, I-Pods, cameras, or any other personal possession of value that might get broken, misused, misplaced, or stolen during the program. Brevard County is not responsible for lost, stolen, or damaged items.

LOST AND FOUND Please label everything your child brings to the program with their full name. There will be a lost and found box at the program site, please check it often. At the end of the session, all items that have not been claimed will go to a local charity.

By signing I agree to the above rules and regulations set forth by Brevard County Parks and Recreation. Having been informed of the activity to provide supervised recreation for boy/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 do 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 the sponsors, any and all of them. In case of injury to my/our son/daughter I/we hereby waive all claims against the County, 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 or from the activities.

Parent/Guardian Signature: _____ Date: _____