



# 2018 Winter Day Camp Registration Form (Please complete one form per child)

ALL field trips MUST be paid in full Friday prior to the trip.

**Ted Whitlock Community Center**  
1951 Malabar Road NW  
Palm Bay, FL 32907  
(321) 952-3231

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age (current): \_\_\_\_\_ Male  Female

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Prices: \$30/day**

**Camper must be enrolled for at least three (3) days to be eligible to attend field trip.**

**Must attend Field Trip if enrolled in that day.**

Reduced rates available with proof of free or reduced lunch program from participating school. Must be on official school letterhead with signature and must be presented at time of registration for reduced fees to apply. Reduced rates also available for children who qualify for EBT. Eligibility letter must be presented, as well as parent/guardian photo identification. **\$75/week – reduced lunch; \$50/week – EBT.**

There is a \$5.00 discount per child off total for three (3) or more children in the same household attending the same session. **Checks are not accepted.**

**Only one financial discount can be given.\***

\*Highest discount that applies.

**Hours: 7am – 6pm** *All children must be picked up by 6pm.*

Sessions you are paying for today (check all that apply)

**Week 1** December 26 – December 28     **Week 2** December 31 – January 4     **Week 3** January 7 – January 9

Additional Emergency Contacts

Those on this list have permission to pick up your child from camp. Adding or subtracting names from this list must be done in person.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

For Office Use Only		
Amount Paid	FT	Receipt #
Week 1	\$ _____	\$ _____
Week 2	\$ _____	\$ _____
Week 3	\$ _____	\$ _____

**Swimming Permission Statement**

I give permission for my child to attend water activities at (check all that apply):

County/City pools

**Movie Permission Consent**

I give permission for my child to view the following rated movies on site or at the movie theater.

G rated

PG rated

PG-13 rated

**Media**

I give permission for the City of Palm Bay or media outlets permitted by the City of Palm Bay to photograph or videotape my child while participating in camp for news articles and/or advertising, promotions, or marketing purposes.

Permission granted

Permission denied

**Bike/Walk Permission**

I allow my child to bike or walk to camp. In addition to this, my child is able to sign themselves in and out at the beginning and completion of the camp day. My child will not be released early on his/her own without prior written notification from myself or others on this registration form.

Permission granted

Permission denied

**General Information, Rules and Regulations**

I have read the general information and the Parent Handbook pertaining to the Day Camp Program.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Release of and from liability, assumption of risk  
Indemnification and Hold Harmless Agreement**

I/We, the parent/guardians of the child named herein, on behalf of said child and ourselves do hereby assume all risks and hazards and all liability and responsibility incidental to and all activities including, but not limited to, transportation to and from activities conducted, authorized or sponsored by the City of Palm Bay. On behalf of our child and ourselves, we do hereby absolve, warrant and agree to indemnify and hold harmless the City of Palm Bay, its employees, agents, supervisors and all persons involved in all activities and transporting my/our child to and from activities conducted by and on behalf of the City of Palm Bay for any claim, damages or injury to the child arising out of the child's participation in any activities conducted by or sponsored by the City of Palm Bay. I/We agree to indemnify and hold the City of Palm Bay and others acting on behalf of the City of Palm Bay harmless from any losses, costs of whatever type or nature, including but not limited to, attorney fees and suit costs for trials and appeal. The undersigned acknowledges receipt of good and valuable consideration for the provisions of this hold harmless and indemnification provisions.

I/WE also hereby grant permission to the City of Palm Bay, its agents, employees, volunteers, representatives, assistants, and all other persons acting on behalf of the City of Palm Bay to authorize and obtain medical care from any physician or hospital and/or medical clinic, should the child become ill or injured while participating in all activities sponsored, conducted, or supervised by the City of Palm Bay and hereby specifically grant authorization for medical treatment, to be provided for my/our child as they deem proper. The undersigned also acknowledges receipt of good and valuable consideration for this provision.

I/We also agree to pay for any and all damages done, caused or committed by my/our child to the equipment, building, supplies and/or other property utilized or owned by the City of Palm Bay.

I/We acknowledge that I/we are familiar with and fully understand the rules set forth and prescribed by the City of Palm Bay Parks and Recreation Department that govern the facility and us or facilities and property used and/or belonging to the City of Palm Bay and agree that my/our child is to abide by the City of Palm Bay's disciplinary rules and actions, should my/our child be involved in any infraction of such rules.

\_\_\_\_\_  
**Print Name of Child**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**



### Medical Information

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

#### **About Your Child**

Medication(s) currently using: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical conditions or limitations we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

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#### **Note—Very Important!**

If your child is currently taking prescription medication that requires a dosage during scheduled camp hours, you must complete an **Authorization for Dispensing Medication** form. Without this form, your child will not be able to take their medication as prescribed. A parent will be called or, if parent is unable to be reached, medical personnel will be called. Medication must be given to Camp Supervisor to be locked up. Children are not allowed to carry medications of any kind with them during camp hours. Failure to abide by this policy will result in your child being suspended from our camp program.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



Please read and sign

**Procedure for Controlling Head Lice (*Pediculus Capitis*)**

Adopted from the 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 the City of Palm Bay Parks and Recreation when a participant at a program is observed to be infested with live head lice.

1. The parent/guardian will be notified immediately by the Site Supervisor.
2. A face 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 participant to be readmitted to the program following live lice infestation, he/she must be checked by the Site Supervisor, have no live lice or nits, and have a statement signed by parent/guardian that treatment was done.
  - If live lice and/or nits 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.

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