



CLEARWATER SUMMER CAMP 2024 REGISTRATION FORM



(Please Print Clearly)

Camper's Name: _____ Age: _____ Gender: _____ Date of Birth: _____

Entering Grade: _____ Parent's E-Mail: _____

Home Address: _____ City: _____ Zip: _____

Parent/ Guardian's Name(s) & Contact #'s – Please specify - Home, Cell or Work Phone Numbers:

Name: _____ Contact #'s: _____

Name: _____ Contact #'s: _____

Person(s), to be notified in case of an emergency, when parent cannot be reached, and **relationship** to camper:

_____ Phone #: _____

_____ Phone #: _____

Person(s) allowed to pick child up from camp: (Including parents – reminder that a photo ID is always required.)

1. _____ 3. _____

2. _____ 4. _____

Yes **No** Does camper require reasonable accommodations (per Americans with Disabilities Act) to participate in camp activities? **If yes, please notify staff of accommodations prior to the first day child attends.**

Yes **No** Will camper be walking or riding a bike to and from camp each day? **If yes, please complete the Bicycle/Walking Permission Form; campers must be at least 10 years old to walk or bike to camp.**

Yes **No** Does camper have any **allergies** to food/insects/sunscreen? **If yes, please notify camp staff in writing.**

Yes **No** Will the camper be taking any medication during camp hours? **If yes, a Medication Form must be completed.**

Initial _____ I understand that it is my responsibility to do a daily health check on my child before bringing them to camp.

Child will be attending:

Full Summer Package (June 3 – August 9) \$900 w/ PLUS pass, \$1,000 w/recreation card, \$1,100 without card

Individual Week(s) (Week # _____) \$125 w/recreation card, \$138 without card per week

RELEASE OF LIABILITY

By its nature, participation in recreational activities can include a risk of injury. Consider your child's physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice.

Since the City of Clearwater is not aware of my or my dependent(s) physical condition or training for various activities and in consideration of the benefits and opportunities afforded to my dependent(s) or me by participation in activities sponsored by the City of Clearwater, I state as follows:

If I or my dependent(s) should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Clearwater, its employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.

Parent/Guardian Signature _____ Date _____

Camp:	For Staff Use Only		Verified Clearwater Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Countryside Summer Camp	Type of Card:			
<input type="checkbox"/> Morningside Summer Camp	<input type="checkbox"/> No Card	<input type="checkbox"/> Recreation Card – Exp. Date _____	<input type="checkbox"/> PLUS -- Exp. Date _____	
<input type="checkbox"/> Long Center Summer Camp				
Total Amount Due: _____	Amount Paid at Registration: _____	Date Paid: _____	Receipt # _____	
For Full Summer Package Only:				
Balance Due By: <u>5/17/24</u>	Date Paid: _____	Receipt # _____		



Parent Understanding of Camp Policies Form

Program Hours: Check your Parent Handbook for camp hours. Most structured activities will occur between 9 a.m. and 4 p.m. Children may not be picked up by anyone other than those listed on their registration forms. Please be prepared to show a government issued photo ID every day.

Sick Child Policy: Please Help Keep Our Camp Healthy! Parents are required to do a health check on their child prior to bringing them to camp. If your child has a new cough, sore throat, shortness of breath, or a fever, do not bring them to camp. Children who exhibit these symptoms during camp will be isolated and parents will be called for immediate pick up.

Camp Payment Policy: Full Summer Package - Half of camp fees are due at the time of registration and the second half must be paid in full by May 17, 2024. If payment is not made on time, the child's spot may be given to someone on the waitlist. Payments for individual weeks must be made in full at the time of registration.

Refund Policy: All refund requests are subject to Parks and Recreation Administration approval. All refund requests must be made by filling out a Refund Request Form and submitting it to the Camp Coordinator or Facility Manager on or before 14 days prior to the child's scheduled first day of camp. Refunds after this date may be considered for medical reasons and will require a doctor's note. There are no refunds for children expelled due to behavior problems. Parents who request refunds for a portion of the summer package will lose the discount and be charged the weekly rate for the remaining weeks of camp. A processing fee of \$15 will be assessed on all approved refunds. **Refunds for full summer package will not be considered for requests submitted after May 17, 2024.**

Videotape, Photographic, and Sound Release: I, the undersigned, hereby grant the City of Clearwater permission to make still pictures, videotapes, and sound recordings, separately or in combination, of my child, and I also give the City of Clearwater permission to use the finished videotapes, still pictures, and/or sound recordings for all City of Clearwater related purposes. Further, I relinquish and give to the City of Clearwater all rights, title and interest I may have in the finished videotapes, still pictures, and/or sound recordings, duplicates, and prints for all City of Clearwater related purposes.

Movie/Video Game Policy: During rainy days or quiet times, children may watch movies or play video games at camp. Most movies shown at camp are rated G, or PG and video games are rated E. (Older campers may view PG 13 movies or play video games rated T.) By signing below, you give permission for your child to view movies shown at camp. Please notify the camp staff if you have any concerns about the content of movies or video games.

Cell Phones & Electronic Devices: Please do not allow children to bring cell phones, computers, electronic devices, games, and toys or other expensive items to camp. Even under close supervision, these items tend to get damaged, lost or stolen. The city assumes no responsibility for the loss or damage of these items if brought to camp. Children who choose to bring these devices to camp will be subject to disciplinary action beginning with a warning.

Sunscreen: Children will be participating in outdoor activities on a daily basis and will be exposed to the Florida sun. To avoid sunburns, it is recommended that parents apply a waterproof sunscreen to children each day before they come to camp and send in a spray bottle of sunscreen (labeled with the child's name) for later applications. Staff is not responsible for applying sunscreen to the children.

Water Bottles: We want all our campers to stay safe and hydrated. Please send a filled water bottle (with your child's name on it) to camp each day. There are bottle filler locations at each camp for refills.

Parent/Guardian, signing below verifies that you understand the above information and have received a Parent Handbook.

Parent/Guardian Name (Please Print)

Child/Camper Name (Please Print)

Parent/Guardian Signature

Date



ACTIVITY/FIELD TRIP PERMISSION FORM

I, hereby grant permission for _____ to participate in
(participant's name)

various activities and field trips with City of Clearwater Summer Camps on various days between, May and August 2024, during camp hours and to make incidental stops in route and return when determined to be necessary or desirable. **By its nature, participation in recreational activities can include a risk of injury. In consideration of the benefits and opportunities afforded my child or me by participation in the activity, I state as follows:**

If I or my dependent(s) should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Clearwater, its employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.

CHILD'S DATE OF BIRTH: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

PHONE NUMBERS (H): _____ (W): _____ (C): _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



ADDITIONAL INFORMATION:

