

Belleair Teen Camp 2016 Registration Form

(PLEASE PRINT)

Child's Name: _____	Child's Gender: _____
Date of Birth: ___/___/_____ Age: _____	T-Shirt Size: (Circle Size) YS YM YL AS AM AL AXL
School: _____	
Address: _____	City: _____ Zip: _____
Parent/Guardian Name: _____	Phone: _____
Parent/Guardian Name: _____	Phone: _____
E-mail Address: _____	
List all known allergies: _____	
Special medical or dietary needs: _____	
Medication requirements: (Separate Medication Form): _____	

Do you give your child permission to walk or ride a bike home after camp? Yes or No

Persons authorized to sign out child: (Include yourself/spouse/neighbor/family/friend)

_____	_____
_____	_____
_____	_____
_____	_____

The following persons must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Person(s) to be notified in case of an emergency when parent cannot be reached. Include relationship to participant.

Name: _____	Relationship: _____
Phone #: _____	Secondary Phone #: _____

Name: _____	Relationship: _____
Phone #: _____	Secondary Phone #: _____

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Does your teen have any suggestions for activities they would like to participate in?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

New/Renew Membership

Resident:

- \$30/ year
 \$20/ 6 months
 \$60/ 6 month family
 \$95/ year family

Non-Resident:

- \$95/ year
 \$60/ 6 months
 \$160/ 6 month family
 \$290/ year family

Membership Current

Membership Type:

- Individual Year
 Individual 6 month
 Family Year
 Family 6 month

Expiration Date: ____/____/____

1:00 pm-4:00 pm

- | | | |
|--------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Week 1 (June 6-10) | <input checked="" type="checkbox"/> Week 5 (July 5-8) | <input type="checkbox"/> Week 9 (August 1-5) |
| <input type="checkbox"/> Week 2 (June 13-17) | <input type="checkbox"/> Week 6 (July 11-15) | <input checked="" type="checkbox"/> Week 10 (August 8-12) |
| <input type="checkbox"/> Week 3 (June 20-24) | <input type="checkbox"/> Week 7 (July 18-22) | |
| <input type="checkbox"/> Week 4 (June 27-July 1) | <input type="checkbox"/> Week 8 (July 25-29) | |

Office Use Only

Teen Camp Member _____ weeks at \$60 = \$ _____
 Non Member _____ weeks at \$75 = \$ _____

*** Field trip fees are included in weekly cost.

CAMP TOTAL: \$ _____

MEMBERSHIP TOTAL: \$ _____ ***Membership must be paid in full

GRAND TOTAL: \$ _____ (FULL) \$ _____ (50%-Balance due 5/13)

2016 Activity Field Trip Waiver

Print Child's Name

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE TOWN OF BELLEAIR USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE TOWN OF BELLEAIR IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE TOWN OF BELLEAIR HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent or Legal Guardian

Date

Photo Policy

The Town of Belleair's Parks and Recreation Department may photograph participants in programs and special events, or people in parks or on park property, and use these images in BPRD materials to promote activities, events and facilities. Images also may be used by media representatives to illustrate coverage of events, programs and facilities of BPRD's public parks and recreation programs. The photos are not made available for commercial / private sector marketing and advertising, endorsement, trade or sales.

Refund Policy

If you happen to change your mind or something happens along the way, please follow these steps to request a refund:

1. All refunds must be submitted in person at the Dimmitt Community Center, 918 Osceola Rd., Belleair, FL 33756.
2. Requests for refunds must be received five (5) business days prior to the start of the camp to receive a full refund.
3. No refunds are issued for one day programs, special events, or trips.
4. If a refund request is submitted within five (5) business days, refunds may be subject to a \$10 administrative fee.
5. Credits are good for one calendar year.
6. Transfers can be requested, and if approved, may be transferred to another program.

I acknowledge that I have read and understand the above policies.

Signature of Parent or Legal Guardian

Date