

Belleair Summer Camp

2023 Registration Form (PLEASE PRINT)

Child's Name: _____ Child's Gender: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____ T-Shirt Size (Circle Size): YS YM YL AS AM AL

School Entering Fall 2023: _____ Grade Entering Fall 2023: _____

Parent/Guardian Name: _____ DOB: _____ Phone: _____

Parent/Guardian Name: _____ DOB: _____ Phone: _____

E-mail Address: _____

List all known allergies: _____

Special medical and/or dietary needs: _____

Medication Requirements (Separate Medication Form): _____

Do you give your child permission to walk and/or ride a bike home after camp? YES or NO

Persons authorized to sign out child:

(Please include yourself, spouse, neighbor, family, friend – as applicable.)

Emergency Contacts:

(The following person(s) 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, the following person(s) will be called. Please include relationship to child.)

Name: _____ Relationship: _____

Phone #: _____ Secondary Phone #: _____

Name: _____ Relationship: _____

Phone #: _____ Secondary Phone #: _____

New/Renew Membership

Resident:

_____ \$20 / 6 months (indiv.)

_____ \$30 / year (indiv.)

_____ \$60 / 6 month (family)

_____ \$95 / year (family)

Non-Resident:

_____ \$85 / 6 months (indiv.)

_____ \$120 / year (indiv.)

_____ \$185 / 6 month (family)

_____ \$315 / year (family)

Membership Current

Membership Type:

_____ Individual - Year

_____ Individual - 6 Months

_____ Family - Year

_____ Family - 6 Months

Expiration Date: _____ / _____ / _____

Activity Waiver

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 (BPRD) 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 ten (10) 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, trips or missing one day of a week camp.
4. If a refund request is submitted within ten (10) business days, a full refund will not be applicable.
5. Credits are good for one (1) 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

Belleair Summer Camp 2023
Acknowledgement of Risks and Waiver of Liability
Relating to Coronavirus/COVID-19

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) has provided recommendations on how to protect yourself and others: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in programs operated by the Town of Belleair.

I acknowledge that Town of Belleair employees come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although the Town of Belleair takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, the Town of Belleair cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in the Town of Belleair’s programs, I am exposing my child(ren) and myself to risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and failures to act of myself and others, including, but not limited to, Town of Belleair employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any Town of Belleair program. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the Town of Belleair, its employees, agents and representative, of and from all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of the Town of Belleair, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any Town of Belleair program.

Child’s First and Last Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Child's Name: _____

Age: _____

(Note: We will be closed on May 29th in observance of Memorial Day and on July 4th in observance of Independence Day)

Please check all that apply:

Week 1: May 29 – June 2
 (No Camp on Monday the 29th – Memorial Day)
 _____ Full Day
 _____ Morning Camp Only

Week 2: June 5 – June 9
 _____ Full Day
 _____ Morning Camp Only

Week 3: June 12 – June 16
 _____ Full Day
 _____ Morning Camp Only

Week 4: June 19 – June 23
 _____ Full Day
 _____ Morning Camp Only

Week 5: June 26 – June 30
 _____ Full Day
 _____ Morning Camp Only

Week 6: July 3 – July 7
 (No Camp on Tuesday the 4th – Independence Day)
 _____ Full Day
 _____ Morning Camp Only

Week 7: July 10 – July 14
 _____ Full Day
 _____ Morning Camp Only

Week 8: July 17 – July 21
 _____ Full Day
 _____ Morning Camp Only

Week 9: July 24 – July 28
 _____ Full Day
 _____ Morning Camp Only

Week 10: July 31 – August 4
 _____ Full Day
 _____ Morning Camp Only

OFFICE USE ONLY:

Full Day Camp Member _____ weeks at \$170 = \$ _____

Full Day Camp Non-Member _____ weeks at \$210 = \$ _____

Morning Camp Only Member _____ weeks at \$70 = \$ _____

Morning Camp Only Non-Member _____ weeks at \$90 = \$ _____

CAMP TOTAL: \$ _____

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

GRAND TOTAL: \$ _____ (Full)