

# **CITY OF BROOKSVILLE**

## **RECREATION DEPARTMENT**

306 Darby Lane • Brooksville, FL 34601

Telephone: (352) 540-3830 Fax: (352) 544-5496

**Michael C. Walker, Director**  
Parks/Facilities & Recreation



# **CAMP AND PROGRAMS**

## **REGISTRATION PACKET**

# CITY OF BROOKSVILLE

## RECREATION DEPARTMENT

306 Darby Lane • Brooksville, FL 34601  
Telephone: (352) 540-3830 Fax: (352) 544-5496

# CAMP AND PROGRAMS REGISTRATION FORM

One Form for Each Child Must Be Filled Out Completely and Clearly

Name of Child: (As appears on Birth Certificate) \_\_\_\_\_ Male  Female   
Last First M.I.

Date of Birth: \_\_\_\_\_ Age Now: \_\_\_\_\_ Will be Entering Grade: \_\_\_\_\_

Child Wears Size: (Please circle) YS YM YL AS AM AL XL XXL

List any physical limitations, medications, allergies or any other factors that may affect your child's well-being and should be known to those in charge in case of an emergency:

---

---

---

---

Name of Insurance Carrier for Child: \_\_\_\_\_

### Parent(s):

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, FL Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Parent Information (If live separately):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, FL Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact (other than a parent): \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Clearly)

### Person(s) Authorized to pick up child other than parents:

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Clearly)

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Clearly)

**CITY OF BROOKSVILLE**  
**RECREATION DEPARTMENT**  
**CAMP AND PROGRAMS**

Listed below are camp and programs offered through the City of Brooksville Recreation Department. Please check the appropriate camp or program for your child according to age and other factors you deem appropriate.

Child's Name: \_\_\_\_\_  
(Print Clearly) Last First M.I.

Please Check Appropriate Boxes:

**Start Smart**       **Little Buddies**       **First Tee**       **Summer Camp**

**Baseball**     **Basketball**     **Football**     **Golf**     **Tennis**     **Volleyball**     **Other**

**Registration Fees:**

Registration fee(s) and the first week's payment and/or deposit must be paid at the time the registration packet is submitted. A late fee of \$10.00 will be charged if payment is not received one (1) week prior to camp start date. **Note:** There will be a \$10.00 administrative fee assessed for any changes made to Registration Form. *For tax purposes the City of Brooksville Federal Identification Number is: 59-6000284.*

Total Amount Enclosed: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_ Money Order Number: \_\_\_\_\_

Valid Driver's License Number: \_\_\_\_\_

I have read and understand all the information in the registration packet, including all payments/refund policies. I understand I am obligated to make all payments by the deadline, which is one (1) week prior to the start of program/camp. Payment(s) must be made either by Check or Money Order. I affirm that all information provided in this registration form is true and correct to the best of my knowledge.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
Parent or Guardian Parent or Guardian

Date: \_\_\_\_\_

**OFFICE USE**

**Recreation Department:**

Received By: \_\_\_\_\_ Sign: \_\_\_\_\_  
(Please Print Clearly)

Date: \_\_\_\_\_

# CITY OF BROOKSVILLE

## RECREATION DEPARTMENT

### LETTER OF UNDERSTANDING

Dear Parents:

The Brooksville Recreation Department welcomes you and your child. Unfortunately, staff is not skilled in the requirements necessary to administer special needs or specialized attention to children that may require such attention. We are proud of our program and how well children participate in a group setting. However, there are times when disciplinary actions may be required. Listed below is an outline of the procedures and disciplinary actions that we will follow. Please read the following information carefully, sign and date at the bottom and return with your registration form, along with registration fee(s) and first week's payment or deposit as required for registration:

1. **I/We understand** that the Registration Form and Field Trip Permission/Liability Waiver must be completed, notarized and placed on file before my child/children can attend camp and/or participate in a program.
2. **I/We understand** that this Letter of Understanding and the Discipline Policy must be completed, signed and placed on file, along with the Registration Form and Registration Fee of \$10.00 and the first week's payment and/or any deposit as required at the time of registration.
3. **I/We understand** that staff can release no child to anyone except custodial parents/guardian, and/or those person(s) authorized on the Registration Form and that person will be asked to show photo identification. For my child's safety, I/We understand there can be No Exception to this policy. It is my/our responsibility to keep the Site Supervisor and my child's Recreation Leader up to date on authorized persons.
4. **I/We understand** that in case of illness, vacation, change of residence, withdrawal from camp/program or other extended absences, I/we will notify Recreation Department by phone at (352) 540-3835, in person or in writing and submitted by fax to (352) 544-5496, and that any change from my original registration will result in a \$10.00 Administrative Fee.
5. **I/We understand** that my child/children cannot attend Camp if he/she/they have any illness or condition that threatens the health of other children (e.g., chicken pox, head lice, skin rashes, etc.). Before my child will be allowed back in Camp, I/We must provide a doctor's clearance note.
6. **I/We understand** that random head/scalp checks will be conducted on all campers in an effort to avoid unnecessary outbreaks of head lice.
7. **I/We understand** that I/we may be asked to withdraw my child if his/her behavior threatens his/her own health and safety or that of other children. In especially threatening situations, I/we may be asked to withdraw my/our child immediately (see Disciplinary Policy).
8. **I/We understand** and agree that I/we must pay a late pick up fee of \$5.00 for each fifteen (15) minutes (or portion thereof), whenever my/our child is cared for after program hours, regardless of the reason for lateness. After forty-five (45) minutes of lateness, my/our child will be considered abandoned and the proper authorities will be notified.
9. **I/We understand** after three (3) late pick ups, I/We may be asked to withdraw my/our child from the program. Parent(s) Initial [\_\_\_\_/\_\_\_\_]
10. **I/We understand** there will be a \$25.00 charge for all returned checks and my/our child/children will not be allowed to attend additional camp days until this and the original check amounts are paid by money order.
11. **I/We understand** there are no refunds. If my/our child/children attends one (1) day in a week, the full amount for the week will be required. Deposits made for specialty camps are Non-Refundable and Non-Transferable.
12. **I/We understand** there will be a \$10.00 late payment fee for all balances paid after the payment deadline, which is one (1) week prior to the week camp/program is to be attended, and that my child may not attend any camp days until payment for those days has been received by our office.
13. **I/We understand** that my/our child/children will adhere to the program activities and field trips as scheduled, unless I/we provide a written excuse.
14. **I/We understand** that no medication will be allowed on site without written permission from the parent(s) on our standard medication form. All medications must be in the original container with only the amount required for one (1) day, will be administered by my/our child/children and does not require refrigeration.
15. Special Requirements may be needed for specialty camps as noted in the Specialty Camp flyer. I/we understand I/we must abide by these for my/our child/children to be eligible to attend each camp.



**CITY OF BROOKSVILLE  
RECREATION DEPARTMENT**

**MEDICAL RELEASE/FIELD TRIP PERMISSION AND LIABILITY WAIVER**

I/we \_\_\_\_\_, hereby grant permission  
(Please Print Name Clearly)

for \_\_\_\_\_ to participate in camp/field  
(Child's Name, please print clearly)

trips during the \_\_\_\_\_ program, if off site transportation will be provided to and from the trip.

I/we understand that I/We, shall notify the Site Supervisor and/or Recreation Staff in writing, subsequent to this permission form, if my/our child/children will not participate in the field trip.

I/we hereby authorize the City of Brooksville and its employees, officers, agents or representatives, in the exercise of his/her judgment as to the necessity to obtain medical treatment in the event of injury or illness and the undersigned agrees to pay any expense incurred for the treatment. I/We release the City of Brooksville and its employees, officers, agents or representatives from any claim of injury to my/our child/children during special activities and events, including travel to and from field trips and events and any claims based on the negligent action or inaction of the City of Brooksville, its employees, officers, agents or representatives arising as a result of said child attending any of the activities and events to which I/We have not objected.

I/We understand that my child's failure to adhere to the bus/van rules, instructions by the bus/van driver and other program policies while in transit for a field trip may result in my child not being permitted to ride the bus/van. Misbehavior on the bus/van will not be tolerated and the decision as to who may ride on the bus/van will be made by the driver. I/we understand that the City of Brooksville, its employees, officers, agents and representatives are not skilled in requirements necessary to handle children with special needs or specialized attention. I/we hereby swear and affirm that my/our child/children does not have any medical or physical limitations that would require special medical needs and therefore release the City of Brooksville, its employees, officers, agents and representatives from any liability resulting from the failure of the City of Brooksville, its employees, officers, agents or representatives to provide special medical needs for my/our children.

I/we have read this Liability Waiver and understand its meaning and agree to abide by the terms and conditions of this waiver.

Parent(s)/Guardian Printed Name : \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Clearly)

Parent(s)/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
\_\_\_\_\_, FL Zip Code \_\_\_\_\_

*Personally known to me, or produced Identification: Driver's License #* \_\_\_\_\_

*State of* \_\_\_\_\_ *Sworn to and subscribed before me this* \_\_\_\_\_ *day of* \_\_\_\_\_, 2\_\_\_\_\_

*Notary Public of the State of Florida  
County of Hernando*

*Name of Notary Public Stamp or Type as Commissioned.*

**PHOTOGRAPHY RELEASE** (please check appropriate box below):

I/we \_\_\_\_\_  
[Parent(s) name(s) please print name(s) clearly]

hereby **Grant**  **Do NOT Grant**  permission for my/our child/children or myself/ourselves to appear in still and/or motion pictures and/or to be interviewed by television and/or newspaper reporters using my/our child/children's name and/or my/our names for educational, promotional and/or other non-commercial purposes only related to the activities of the Jerome Brown Community Center, The Quarry Golf Course, which are divisions of the of the City of Brooksville Parks & Recreation Department.