

**City of Hollywood**  
**Department of Parks, Recreation & Cultural Arts**  
**REGISTRATION FORM**

**PLEASE PRINT CLEARLY**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beverly Park      | <input type="checkbox"/> Jefferson Park        | <input checked="" type="checkbox"/> SEA Camp   |
| <input type="checkbox"/> Boulevard Heights | <input type="checkbox"/> Martin Luther King Jr | <input type="checkbox"/> Session 1 6/8 – 6/26  |
| <input type="checkbox"/> David Park        | <input type="checkbox"/> McNicol Recreation    | <input type="checkbox"/> Session 2 6/29 – 7/17 |
| <input type="checkbox"/> Driftwood Center  | <input type="checkbox"/> Washington Park       | <input type="checkbox"/> Session 3 7/20 -8/7   |

Activity **SEA Camp Summer 2009** Password \_\_\_\_\_

**Child's Information:**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone (        ) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Entering Grade \_\_\_\_\_ as of Sept. 01 2009

Male  Female

Circle T-shirt Size: Child Med Child Large Adult Small Adult Med Adult Large

**Parent's Information: E-mail address**

Mother's Name \_\_\_\_\_ Work Phone (        ) \_\_\_\_\_

Driver License# \_\_\_\_\_ Beeper/Cell (        ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone (        ) \_\_\_\_\_

Driver License# \_\_\_\_\_ Beeper/Cell (        ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation to child \_\_\_\_\_

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

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Medicine \_\_\_\_\_

Has the child participated in City of Hollywood programs before?  Yes  No

Does child reside within the current Hollywood City limits?  Yes  No

\_\_\_\_\_  
**Parent's Signature**

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

**Official Use only**

Medical authorization form complete or on file?  Yes  No

Child Pick-up authorization complete or on file?  Yes  No

Fees Paid: Resident Non-resident Session I Session II Session III

Date Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_

**City of Hollywood**  
**Department of Parks, Recreation and Cultural Arts**  
**CHILD PICK-UP AUTHORIZATION FORM**

Please check one:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beverly Park      | <input type="checkbox"/> Jefferson Park        | <input checked="" type="checkbox"/> SEA Camp   |
| <input type="checkbox"/> Boulevard Heights | <input type="checkbox"/> Martin Luther King Jr | <input type="checkbox"/> Session 1 6/8 – 6/26  |
| <input type="checkbox"/> David Park        | <input type="checkbox"/> McNicol Recreation    | <input type="checkbox"/> Session 2 6/29 – 7/17 |
| <input type="checkbox"/> Driftwood Center  | <input type="checkbox"/> Washington Park       | <input type="checkbox"/> Session 3 7/20 -8/7   |

**Please Print:**

I \_\_\_\_\_ as parent/guardian of \_\_\_\_\_, hereby authorize the following persons to pick-up my child from the above referenced Center at any given date. I hereby agree to inform the following persons that proper identification will be required in order to pick-up my child/ward.

**Please Print:**

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Persons permitted to pick-up child include:**

Mother  Yes  No      Mother's Name \_\_\_\_\_

Father  Yes  No      Father's Name \_\_\_\_\_

**Persons NOT permitted to pick-up child:**

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

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

I hereby agree that if the above authorization for pickup of my child/ward changes, I shall immediately contact the Center and submit a revised authorized.

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

**Parent's Phone Number:** (        ) \_\_\_\_\_

**Date signed:** \_\_\_\_\_

City of Hollywood  
Department of Parks, Recreation and Cultural Arts  
**DAY/CAMP/AFTER SCHOOL/RECREATION PROGRAM AGREEMENT**

Please check one:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beverly Park      | <input type="checkbox"/> Jefferson Park        | <input checked="" type="checkbox"/> SEA Camp   |
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| <input type="checkbox"/> Driftwood Center  | <input type="checkbox"/> Washington Park       | <input type="checkbox"/> Session 3 7/20 -8/7   |

I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_ my Son/daughter, understand that this Agreement for Day Camp/After School/Recreation services through the City of Hollywood's Department of Parks, Recreation and Cultural Arts, is conditioned on the compliance of me and my child with the policies and guidelines of the program. My signature on this document indicates the following:

-I am enrolling my son/daughter in the above referenced Center's Day Camp, or After School and/or Recreation Program.

-I agree to provide the above referenced Center, in writing, all of the necessary information and authorization for special activities I approve for my child.

-I agree to inform a representative of the above referenced center of any special needs my child may develop and submit all medical forms as necessary.

-I agree to submit to the above referenced center a fully executed registration form which is attached hereto and incorporated herein.

-I have read and agree to comply with the Program policies, guidelines and procedures and I understand the responsibilities for parents/guardians and providers below.

**PARENT/GUARDIAN RESPONSIBILITIES**

1. To provide transportation to and from the Center.
2. To notify the Center when my child is not going to attend the Day camp/activity or is going to be late
3. To check-in and check-out my child daily with a program staff person.
4. To come to the Center immediately when notified of my child's illness.
5. To notify the Center of any change in my phone number(s), address or people authorized to pick up my child and those individuals not authorized to pick up my child.
6. To pick my child up by the designated closing time of the program.
7. To pay for acts of vandalism or deliberate destruction of City property committed by my child.
8. To provide admission and busing fees for my child to participate in special trips or events.
9. **To pay any outstanding balance of the registration fee on or before the 1<sup>st</sup> day of each session .**  
Failure to pay the appropriate fees my result in your child's removal from the designated activity/camp or program.

**CENTERS RESPONSIBILITIES**

1. To operate a Day Camp/After School/Recreation Program from June 8, 2009 to August 7 2009

7:30a.m. to 6 p.m. Monday – Friday, excluding July 3, 2009  
Based on the session you signed up for.

**RELEASE OF LIABILITY**

I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_, do hereby release the City of Hollywood, Florida, and its officers, agents, and employees from and against any and all claims or demands of any kind or nature that may accrue in my favor on account of my, or my child/ward’s participation in, or being a spectator of, any class, activity or event sponsored by the City during the Summer Camp, After School and/or Recreation Program. Furthermore, I agree to hold harmless the City, its officers, agents and employees from and against any and all claims or demands of any kind or nature incurred or arising out of my, or my child/ward’s participation in, or being a spectator of any class, activity or event sponsored by the City during the Summer Camp, After School and/or Recreation Program. The provisions of this Release and Hold Harmless shall apply whether or not the claim or demand results, in whole or in part, from any negligent or contributory negligent act or omission on the part of the City, its officer, agents or employees, or any combination thereof. Nothing in this agreement shall be construed to affect the City’s rights, privileges and immunities under the doctrine of “sovereign immunity” and as set forth in Section 768.28, Florida Statutes. I agree that the City has the right to remove any participant or spectator when, in the opinion of City Staff, removal is in the best interest of the Camp, After School and/or Recreation Program. I also agree that if my child/ward is removed, there will be no refund of any fee paid for the Camp/After School and/or Recreation Program, activity, or event. I also give permission for my child/ward to go on all field trips, sporting events, and any other off property activities associated with this Program.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
Date Signed

**Photo Release**

I hereby grant authorization to the City of Hollywood, Florida, to use photographs of myself, son/daughter or ward for publicity purposes. I hereby authorize the use of photographs taken of myself, son/daughter or ward for publicity purposes.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
Date Signed

City of Hollywood  
Department of Parks, Recreation and Cultural Arts  
**MEDICATION AUTHORIZATION FORM**

Please check one:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beverly Park      | <input type="checkbox"/> Jefferson Park        | <input checked="" type="checkbox"/> SEA Camp   |
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I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_ do hereby authorize a representative of the Department of Parks, Recreation and Cultural Arts to administer the following medication to my son/daughter as indicated. I hereby release the City of Hollywood, Florida, its officers, agents and employees from any liability that may arise due to administering this medication regardless of any negligence upon the part of the City, its officers, agents or employees. I understand that no medication shall be given to my son/daughter without this authorization form and **it is the responsibility of my son/daughter to come to the office to receive medication at the specified times.**

Please Print the following:

Child's Name: \_\_\_\_\_

Parent's Phone Number: Home: (        ) \_\_\_\_\_

Work: (        ) \_\_\_\_\_

Beeper: (        ) \_\_\_\_\_

Name of Medication : \_\_\_\_\_

Amount of Medication to be given: \_\_\_\_\_

Time(s) Medication to be given: \_\_\_\_\_

Date(s) Medication to be given: \_\_\_\_\_

Date of last DPT or Tetanus: \_\_\_\_\_

**I understand that the Center staff will not administer any drugs or medication to my child(ren) unless I submit a medical authorization form instructing them to do so.**

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

**Signature of Parent/Guardian**

**EMERGENCY MEDICAL AUTHORIZATION**

It is understood that this agreement covers only those situations, which are true emergencies, and only when I cannot be reached. Otherwise, I expect to be notified immediately. I authorize a representative of the City of Hollywood to obtain immediate medical care and I consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child \_\_\_\_\_ if an emergency occurs when I cannot be located immediately. I understand that I am responsible for payment of medical expenses.

Name of Medical Insurance: \_\_\_\_\_ Name of Insurance Co.: \_\_\_\_\_

Policy No. \_\_\_\_\_ Child's Physician/Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: (        ) \_\_\_\_\_

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

**Signature of Parent/Guardian**

**OFF-SITE FIELD TRIP PARTICIPATION  
PARENT/GUARDIAN CONSENT AND RELEASE OF LIABILITY**

Please check one:

- |  |  |  |
|--|--|--|
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| <input type="checkbox"/> Boulevard Heights | <input type="checkbox"/> Martin Luther King Jr | <input type="checkbox"/> Session 1 6/8 – 6/26  |
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| <input type="checkbox"/> Driftwood Center  | <input type="checkbox"/> Washington Park       | <input type="checkbox"/> Session 3 7/20 -8/7   |

I, \_\_\_\_\_ as parent/guardian do hereby give my  
(Parent/Guardian Name)

son/daughter \_\_\_\_\_ permission to attend the following activity:

all bus trips and/or walking trips and/or Fun Day

located at Various Locations on the TBA day of TBA, **2009**  
from TBA am/pm to TBA am/pm.

I am aware of the nature of this field trip and I hereby assume responsibility for my son/daughter to participate. By granting permission for my son/daughter to attend this field trip, I hereby release the City of Hollywood, its officers, agents and employees from liability for any accident or personal or bodily injury or loss of life that may result from my child participating in this event, including any negligent act or contributory negligence of the City, its officers, agents or employees

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
**Signature of Parent/Guardian**

**THIS FORM MUST BE EXECUTED BY THE PARENT/GUARDIAN AND BE IN THE POSSESSION OF THE ABOVE REFERENCED CENTER PRIOR TO THE CHILD'S PARTICIPATION IN THIS FIELD TRIP. NO EXCEPTION.**

The participants need to bring the following: **Wear green camp t-shirt on all trips.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CODE OF CONDUCT

In order for all recreation program participants to have a safe and enjoyable experience, all participants **must** demonstrate good behavior and respect for themselves, as well as others.

**As a recreation program participant, I agree to:**

1. Use only words that are polite. Foul language, gestures, name calling or rude behavior is prohibited.
2. Respect the property of others.
3. Not to bring any personal items such as radios, headphones, equipment, electronic games, jewelry, purses, wallets, etc., that I do not want to lose..
4. Not to bring to park, nor have in my possession, any object that would be harmful to others.
5. Keep my hands to myself: no pushing, hitting, or inappropriate touching a fellow participant.
6. Not to throw, strike or hit another person with any object.
7. Respect and obey all recreation staff and volunteers.
8. Stay with my or in my designated play area at all times, and not leave group unattended.
9. Play games in a fair manner by demonstrating sportsmanship and encouraging fair play. Rough play is prohibited.
10. Report to their counselors any problems, injuries, incidents, etc.
11. Be honest with myself and others.
12. Wear closed-toed shoes and proper clothing. Wear camp t-shirts on all Field Trips. Wear camp t-shirts in the water at all water parks.
13. Not climb trees, fences, not run or yell inside the building, and use playground equipment properly.
14. Throw my trash in the garbage can and help clean-up areas before I leave the area.
15. Obey all specific rules at each field trip location.
16. Obey all bus and van rules.
17. Use the game and sports equipment properly.
18. Put away game and sports equipment after each use.

I understand that if I do not follow these rules, my parents/guardian will be notified. Serious behavior problems or repeatedly breaking the rules will result in disciplinary action and may result in expulsion from the program. (See Disciplinary Guidelines on back)

**Child(ren)'s Signature:**

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

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

**As a parent/guardian, I agree to:**

1. Drop off my child(ren) only when staff is present at the facility (after 7:30 am)
2. Sign-in/out my child(ren) daily.
3. Pick up my child(ren) **before** 6 pm
4. Notify the camp of any medication needed.
5. Forfeit my child(ren)'s spot if he/she does not behave properly.
6. Notify the camp, when my child(ren) will be absent.
7. I realize, the City is not responsible for lost, stolen or damage personal items.

**Parent/Guardian Signature:**

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

## **DISCIPLINE POLICY PROCEDURES**

We hope to have very little discipline problems. However, if there is a problem it is our policy to follow these procedures. Please talk to your child about these procedures.

### **FIRST DISCIPLINARY ACTION:**

Counselor will talk to the child about the inappropriate behavior. Offer alternative behavior, example of proper conduct, etc and make sure child understands why the behavior is inappropriate or why a certain rule is in effect.

### **SECOND DISCIPLINARY ACTION:**

Time out at the site of the group or simple chores. Ex: Sit to the side during a game or pick up trash. Group leader to talk to the child.

### **THIRD DISCIPLINARY ACTION:**

Time out in the center, a discussion with the Camp Director, and a discussion with the child's parents. Time out, clean up detail in center or in park or possible removal from a field trip privilege.

### **FOURTH DISCIPLINARY ACTION:**

Child will be suspended from camp the following day, regardless of activities and field trips scheduled.

### **FIFTH DISCIPLINARY ACTION:**

Child will be suspended from camp the following three (3) consecutive days.

### **SIXTH AND FINAL DISCIPLINARY ACTION:**

Dismissal for the remainder of camp, with no refund.

### **FIELD TRIP DISCIPLINARY ACTION:**

If the inappropriate behavior or problems occur on a field trip, the child may be excluded from the next or all the remaining field trips.

### **FIGHTING:**

Fighting will not be tolerated. Anyone involved a in fight will receive an automatic one-day suspension the next day of camp, and will then follow the above Disciplinary Actions starting with the Fifth Disciplinary Action, regardless of determination of who started the fight.

### **PLEASE NOTE:**

We will not handle or physically discipline your child in any way, even if you give us permission. If we cannot control your child in a calm manner then dismissal from camp will be the only and final alternative.

We will try to communicate any and all problems with you daily. However, if you have any questions about a time out that occurred or any disciplinary actions taken please feel free to talk to your child's counselor and/or the Camp Director. Parents are always welcome to visit camp.

**Written Statement of Purpose(s) for Collection of Social Security Numbers**

“The Children’s Services Council of Broward County (“CSC”) collects and uses the social security numbers of participants of CSC-funded programs and the parents/guardians of such participants so that CSC may collect and use data from other agencies for comparison purposes in order for CSC to track and measure the impact of CSC-funded programs and services and to assist CSC with maintaining and improving successful programs and services. All individual information will be safeguarded and will not be disclosed. CSC’s collection of the social security numbers from its participants and the parents/guardians of such participants is imperative for the performance of CSC’s duties and responsibilities as prescribed by law. Social security numbers collected by CSC shall not be used by CSC for any purpose other than the purpose provided in this written statement.”

I understand the above statement

\_\_\_\_\_

Print Parent Name

\_\_\_\_\_

Parent Signature

Child’s name \_\_\_\_\_ SS# \_\_\_\_\_