Where families live and play by the bay!

Bay County Summer Recreation Program
Program Participants Ages 5 – 12
Child Information Record 2015

Dear Parent/Guardian, DATE:_____

We welcome your child's application for the Summer Recreation Program. This program is intended for children who are between the ages of 5-12 as of June 15th, 2015. **A birth certificate is required for proof of age. No child older than 12 years of age will be admitted into the program.**

Program Details:

June 15, 2015 – August 13, 2015. Monday – Thursday, 8:00am – 12:30pm. Breakfast and Lunch provided each day. Activities Include: Swimming, Field Trips, Educational Activities, Sports Clinics, etc.

The registration fee of $100.00 per child, is due before the child can be allowed to attend.

Last:_____ First:_____ Middle:_____

Street Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

School Attending:_____ 2013/2014 Grade:_____

Age:_____ Birth Date:_____ Number of persons in your family:_____

_____
Father's Legal Guardian's Name

_____
Home Address (If different than child's)

_____
City/State/Zip

Home/Cell#:_____

Email:_____

_____
Employer/School Name

_____
City/State/Zip

Employer/School Phone:_____

_____
Mother's Legal Guardian's Name

_____
Home Address (If different than child's)

_____
City/State/Zip

Home/Cell#:_____

Email:_____

_____
Employer/School Name

_____
City/State/Zip

Employer/School Phone:_____

EMERGENCY CONTACTS

Name:_____ Relation to Child:_____ Phone:_____

Name:_____ Relation to Child:_____ Phone:_____

Name(s) of person other than parent or legal guardian to whom the child may be released:

Name:_____ Phone:_____

Name:_____ Phone:_____

My Child has permission to walk home from the program: YES_____ NO_____

My Child _____ is in good health and free from communicable diseases: YES____ NO_____

If no, please explain any medical/physical problems or activity restrictions:_____

_____

_____ _____

Signature of Parent or Guardian Date

Please initial one:

_____ **I do give** permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above named minor child while in care.

_____ **I do not give** permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above named minor child while in care.

_____ _____

Signature of Parent or Guardian Date

Child's Physician or Health Clinic Name:_____ Phone:_____

Address:_____ City:_____ Zip:_____

Hospital Preferred for Emergency Treatment:_____

Health Insurance Policy Name and Number:_____

Allergies, if any_____ Date of last Tetanus shot_____

I hereby give my permission to the Bay County Recreation Program for my child to be transported in a vehicle and/or participate in field trips.

_____ _____

Signature of Parent or Guardian Date

I hereby give my permission to the Bay County Recreation Program for my child to participate in swimming/pool activities.

_____ _____

Signature of Parent or Guardian Date

Waiver and Release of Liability

In consideration of my child/ward being allowed to participate in any way in the Bay County Summer Recreation Program (BCSRP) programs and activities, the undersigned acknowledges and agrees that:

1) There is risk of injury to my child from participating in the activities involved in the BCSRP including but not limited to his or her participation in sports, swimming, and general free play, and that risk may be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, those risks do still exist; and,

2) For myself, spouse, and child, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF BAY COUNTY and its respective administrators, commissioners, elected officials, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees") or others, and assume full responsibility for my child's participation; and,

3) I willingly agree to comply with the program's stated and customary terms and conditions for participation in its activities. If I have any concern regarding my child's readiness for participation in the activities, I will discontinue my child's participation in the activity. If at any time I believe conditions to be unsafe, I will immediately remove my child from participation in the activity and bring such conditions to the attention of the nearest BCSRP employee immediately; and,

3) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE RELEASEES with respect to any and all injury, disability, death, loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law; and

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any and all liabilities incident to my or my child's involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law; and

5) I have received a copy of the "Concussion Information Sheet;" and

6) I grant BCSRP permission to take photographs and films including pictures of me, my child or ward. I consent and authorize Bay County to use and reproduce photographs and films. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Bay County to use such photographs or films for the purpose of promoting and aiding Bay County in their work.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date: _____

_____

Participant Name

_____

Parent Name

_____

Parent Signature