



*Where families live and play by the bay!*

**Bay County Summer Recreation Program  
Program Participants Ages 5 – 12  
Child Information Record 2019**

**Program: June 17 – August 8, 2019**

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 17<sup>th</sup>, 2019. **A birth certificate is required for proof of age. No child older than 12 years of age will be admitted into the program.**

**The registration fee of \$115.00 per child, is due before the child can be allowed to attend.**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_ 2017/2018 Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Number of persons in your family: \_\_\_\_\_

\_\_\_\_\_  
Father's Legal Guardian's Name

\_\_\_\_\_  
Mother's Legal Guardian's Name

\_\_\_\_\_  
Home Address (If different than child's)

\_\_\_\_\_  
Home Address (If different than child's)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home/Cell#: \_\_\_\_\_

\_\_\_\_\_  
Home/Cell#: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Employer/School Name

\_\_\_\_\_  
Employer/School Name

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Employer/School Phone: \_\_\_\_\_

\_\_\_\_\_  
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

APPROVED AS TO LEGAL FORM ONLY

*Heather Brady Hilde*

BAY COUNTY CORPORATION COUNSEL

DATE: 5.3.19

### 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

APPROVED AS TO LEGAL FORM ONLY

*Debbie Busey P. Felton*

BAY COUNTY CORPORATION COUNSEL

DATE: 5.3.19