



**Brevard County Parks & Recreation
Youth Program Enrollment**



Location: Barrier Island Sanctuary **Program:** Eco-Explorers 2019 Summer Camp

PLEASE PRINT

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: M / F Shoe Size: _____

Swimming is a part of the program.

All children must be able to swim 50 yards unassisted and tread water for 2 minutes.

Life jackets will be provided for kayaking and paddle boarding, inflatable vests for snorkeling and leashes for surfing and must be worn.

Check your child's swimming ability: EXCELLENT GOOD FAIR

Circle your child's t-shirt size: Youth - S M L Adult - S M L

Bike/Walk Permission Allow Do Not Allow

Media Release Allow Do Not Allow

Movies Allow Do Not Allow

Parent/Guardian Name: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Alternate Contact: _____ Relationship: _____ Cell Phone: _____

Alternate Contact: _____ Relationship: _____ Cell Phone: _____

Alternate Contact: _____ Relationship: _____ Cell Phone: _____

Eco-guides will not release your child to anyone not listed above. List all persons authorized to pick up your child.

Having been informed of the activity to provide supervised recreation for youth, having read and been provided a copy of the Program Guidelines (page 3 of enrollment kit) I, the parent/guardian of the participant named, do hereby give my approval for participation in any and all of the activities as indicated including Media Release described below. I assume all risks and hazards incidental to the conduct of the activity, transportation to and from the activities, and I do hereby release, absolve, indemnify and hold harmless Brevard County, its agents and employees, the organizers and sponsors, any and all of them. In case of injury to the participant, I hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I likewise release from responsibility any person transporting the participant to and from activities.

Media Release: I hereby consent to the recording, broadcast and re-broadcast, web site, and internet posting of the participant, name, voice and/or likeness over the internet or any other printings utilized by Brevard County Parks & Recreation. The participant's, name, voice and/or likeness may also be used in promoting broadcast (s). If I am consenting on behalf of the participant, then I affirm that I am of legal age to consent and am the parent of the participant listed above on this form, or I am of legal age to consent and am the legal guardian of the participant listed above on this form, or I am of legal age to consent and am both the parent and guardian of the participant listed above on this form. If I am consenting on behalf of myself, then I represent that I am at least eighteen (18) years of age and have the right to consent to this agreement. I agree to accept no compensation for my, or the participant's, appearance and I release Brevard County Parks & Recreation, the Brevard County Board of County Commissioners, its municipalities, Charter Officers, Brevard County School Board and their agents and assigns from any and all liability for any violation of any personal or property rights which I might have a connection with such materials.

I further agree to indemnify and hold harmless Brevard County Parks & Recreation, the Brevard County Board of County Commissioners, its municipalities, Charter Officers, Brevard County School Board and their agents and assigns and any licensees of the aforementioned against any liability, loss, or other injury whatsoever caused by or arising out of my, or the participant's, appearance on the program or any utterance made by me, or the participant, on the program or the use of any materials furnished for use by me, or the participant, on the program including reasonable costs and attorneys' fees. Brevard County Parks & Recreation permitting me, or the participant, to appear in their programs shall constitute its approval of this agreement.

Parent/ Guardian Signature: _____ Date: _____



Brevard County Parks & Recreation Youth Program Guidelines



ENROLLMENT Payment must be made in full by cash or credit (**checks are not accepted**) to secure enrollment. Parent/guardian is responsible for ensuring enrollment kit is correct and completed, keeping this information up to date and notifying staff of any changes in writing. If needed, retain receipts for the IRS and Brevard County Tax ID # is 59-6000523.

PROGRAM RULES

Please review these rules with your child to ensure that we all have a great experience together!

- Children are to be courteous to fellow campers and eco-guides.
- Children are to respect personal and county property.
- Children are responsible for using and caring for outfitter equipment properly.
- Inappropriate language and fighting will not be tolerated.
- Children must ask permission from eco-guides to leave the group.
- Children must follow eco-guides and rules at all times.

PROGRAM DISCIPLINE POLICY In the event a child has a discipline problem the parent/guardian will be notified. Brevard County reserves the right to immediately remove any child from the program.

DISRESPECTFUL or DESTRUCTIVE BEHAVIOR First incident child will be removed from activity and counseled. Second incident child will be suspended or removed from the program.

CHECK IN/OUT Parent/guardian must escort and sign child in and out of the program daily. Parent/guardian must provide names of additional persons authorized to sign child in and out of the program and are responsible for keeping this information up to date and notifying staff of any changes in writing. If parent/guardian has given permission for child to walk/bike they will be allowed to check themselves in and out of the program. Child is not to be checked in prior to 9:00 a.m. and must be checked out no later than 3:00 p.m. as staff are not available to supervise and a \$20.00 fee shall be assessed. If running late, a telephone call is appreciated, but does not relieve responsibility to pay fee which is required for child to continue in the program.

SPECIAL NEEDS CHILDREN Parent/guardian of child requiring reasonable accommodation to participate in activities must contact the program coordinator.

REFUNDS A request for refund must be received 7 days prior to start of the program, except for illness or family emergencies of which proof must be provided and request received within 7 days of absence and a \$20.00 fee shall be assessed. Daily refunds are not available.

Parent/ Guardian Signature: _____ Date: _____

For information regarding Brevard County Parks & Recreation visit us at www.brevardparks.com or on Facebook at www.facebook.com/BrevardCountyParks



Brevard County Parks and Recreation Youth Program



Notice of Temporary Guardianship

I, _____, of _____
(print your full name) (print address)

As the parent/guardian of:

List the full names of each child	List each child's birth date

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual to whom you are granting temporary custody	List person's relationship to the child(ren)

Contact information of temporary guardians listed above:

Address: _____

Phone Number(s): _____

Statement of Consent: (To be signed in the presence of a legalized notary public)

I, _____, hereby grant temporary guardianship of the above child(ren), whom I have legal custody of to _____,

From _____ to _____.
(mm/dd/yyyy) (mm/dd/yyyy)

For as long as necessary, beginning on _____.
(mm/dd/yyyy)

Signature: _____ Date: _____

Notarization: On this _____ day of _____, _____, _____,
(date) (month) (year) (name of parent)

personally appeared before me in _____, _____, and in my presence has satisfactorily
(city) (state)

identified him/herself as the signer(s) of this Temporary Guardianship form.

affix seal here

Name of Notary Official: _____

Signature: _____ Commission Expires: _____