



# 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: \_\_\_\_\_

## Camp Enrollment Preference

Program	Camp Dates	Weeks in Order of Preference	Cost	Date Paid <i>(Payment Required to Secure Enrollment)</i>	CA or CC	Receipt #	Staff
Eco-Explorers	June 3-7		\$325				
Eco-Explorers	June 10-14		\$325				
Eco-Explorers	June 17-21		\$325				
Eco-Explorers	June 24-28		\$325				

### ***Turtle Walk Reservation Preference***

[illegible]



## 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](http://www.brevardparks.com) or  
on Facebook at [www.facebook.com/BrevardCountyParks](http://www.facebook.com/BrevardCountyParks)*



**Brevard County Parks & Recreation**  
**Participant Administration of Medication, Conditions, Restrictions**  
(one participant per form)



Participant's Name: \_\_\_\_\_

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

**Medication must be in the original container.** Additional forms available for multiple medications.

Dosage: \_\_\_\_\_ Method of Administration: \_\_\_\_\_

At the following times: \_\_\_\_\_

Explanation (Why is medication necessary during Camp hours?) \_\_\_\_\_

**Does the participant have any conditions or restrictions you would like us to be aware of? ☐ YES (if yes, please list below) ☐ NO**

*Any person requiring reasonable accommodations in order to participate in our activities and programs must contact the program coordinator.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of the above mentioned participant understands that there shall be no liability for civil damages as a result of the administration of such medication where a person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. I hereby grant permission to the Site Supervisor or his/her designee to assist in the administering of the medication listed below to the participant named above:

**Assistance in administration of medication: Required ☐ Not Required ☐**

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

Date	Time Given	Site Supervisor Administering	Staff Witness



## 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: \_\_\_\_\_