

Registration Checklist

In order for your child's registration to be complete you must fill out and turn in the following:

___ Child's Identification Record Form

___ Release for Emergency Care For **(must be notarized)** and have complete doctors address and phone number, as well as an emergency contact with full information

___ Discipline Policy Form

** 2020-2021 After Care registrants do not need to fill out the above forms. We will use the packets on file, but please make sure it is up to date.

___ Parent acknowledgement Form **(signed by parent)**

___ Field Trip Form

___ Sunscreen Policy Form

___ Drop Off and Pick Up Procedure **(must be signed)**

___ Release of Liability



2021 St Pete Beach Camp Child Identification Form

Childs Name: Please Print		
_____	DOB: _____	Completed Grade: _____
Home Address: _____		Apt #: _____
City: _____	Zip: _____	Email: _____
Parent/ Guardian _____	Phone: (C) _____	
Place of Employment _____	Phone: (W) _____	
Parent/ Guardian: _____	Phone: (C) _____	
Place of Employment: _____	Phone: (W) _____	

Persons(s) to be notified in case of emergency and **when a parent/ guardian cannot be reached**, and relationship to participant.

(Note: If your child(ren) requires medical and or hospital treatment, all costs shall be the parent's/guardian's responsibility.

In the event of any mishap/accident or medical condition, the Emergency Medical Services (EMS) shall be called and the child(ren) shall be taken to the nearest medical treatment center if deemed appropriate by EMS personnel).

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Person(s) permitted to remove child(ren) from the program if **other than listed above:**

The child be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than Custodial parent(s) or legal guardian the center can reach if the custodial parent(s) or guardian(s) can't be reached.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Health Issues (Allergies, Medications, Behavioral, etc.):

I have read and understood the parent handbook.

Signature: _____

Date: _____



EMERGENCY MEDICAL RELEASE

**This form must contain only one child's name and be the original notarized form.
A new notarized form is required when there is a change in legal guardianship.**

Please Print Information

Child's Full Name: _____ **Birthdate:** _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____

Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____

Street Address (number, apartment #, street) City State Zip Code

Telephone: (____) _____

Hospital Preference: _____

Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____

Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time _____
(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____, _____, 20____
(Month) (Day) (Year)

by means of physical presence or online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed: _____
(Signature of Notary)

Disciplinary Policy City of St. Pete Beach

Rules listed in the code of conduct and parent handbook for the City of St. Pete Beach Summer Camp program are enforced to ensure a safe, professional, and organized program. The following disciplinary procedures are put in place for the program participants. These disciplinary procedures are designed to help each participant learn and grow as a responsible person in a fair and consistent manner.

Minor Infractions of the code of conduct will have the following consequences that vary with the developmental level and ages of children in care:

First Offense: Verbal reprimand

Second Offense: Conference with Camp Director

Third Offense: Individual circumstances will be considered, and the appropriate consequences will be issued:

1. Written reprimand
2. Suspension
3. Permanent suspension from program

Each offense will be written on a disciplinary action for the parents to review and sign with the Director.

Such disciplinary policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any form of physical punishment is prohibited by all childcare personnel.

In consideration of nature of the offense, we reserve the right to implement whichever of the above steps are necessary.

I have read the Code of Conduct and Disciplinary Actions for participants. I understand and agree to abide by these.

Parents Signature: _____ Date: _____

Parent Acknowledgement Form

PLEASE INITIAL AFTER READING AND UNDERSTANDING EACH POLICY AND PROCEDURE REVIEWED IN THE PARENT PACKET:

_____ I ACKNOWLEDGE THAT PICKING UP MY CHILD LATE IS SUBJECT TO LATE FEES: **\$1 per minute per child.**
The police will be contacted for any child left after 7pm.

_____ I UNDERSTAND THAT PAYMENTS FOR CAMP ARE TO BE PAID IN FULL PRIOR TO MY CHILD STARTING THE PROGRAM. FAILURE TO DO SO, WILL RESULT IN A LOST SPOT FOR YOUR CHILD IN THE PROGRAM.

_____ I UNDERSTAND STAFF WILL ASK FOR MY IDENTIFICATION EACH TIME OR AN AUTHORIZED PERSON PICKS UP MY CHILD.

_____ I UNDERSTAND THAT PAYMENTS ARE DUE THE TUESDAY PRIOR TO THE WEEK I SIGN MY CHILD UP FOR. PAYING LATE MAY RESULT IN MY CHILD NOT HAVING A SPOT FOR THAT WEEK.

_____ I HAVE READ AND UNDERSTOOD THE DISCIPLINE POLICY.

_____ I HAVE READ AND UNDERSTOOD THE POLICY AND PROCEDURES IN THE PARENT HANDBOOK.

_____ I UNDERSTAND THAT THERE IS A PARENT ORIENTATION HELD Over Zoom ON 5/26/21, AND THAT POLICIES SCHEDULES, RULES AND OTHER IMPORTANT DETAILS WILL BE DISCUSSED FOR PARENTS TO UNDERSTAND FOR A SUCCESSFUL SUMMER FOR MY CHILD(REN) IN THE PROGRAM.

_____ THE CITY OF ST PETE BEACH USES THE REMIND APP FOR DAILY UPDATES AND COMMUNICATION BETWEEN PARENTS. BY NOT DOWNLOADING THE APP I UNDERSTAND I MAY MISS OUT KEY DAY TO DAY UPDATES.

_____ I ACKNOWLEDGE THAT IF MY CHILD ARRIVES TO CAMP WITH ANY SIGNS OR SYMPTOMS OF ILLNESS, HE/SHE WILL BE SENT HOME AND NOT ALLOWED TO RETURN UNTIL SYMPTOMS HAVE CLEARED.

_____ I ACKNOWLEDGE THAT IF MY CHILD SHOWS ANY SIGNS OR SYMPTOMS OF ILLNESS WHILE AT CAMP, PARENTS WILL BE NOTIFIED AND ASKED TO PICK UP THEIR CHILD IMMEDIATELY AND WILL NOT RETURN UNTIL SYMPTOMS HAVE CLEARED.

_____ I Understand The PikMyKid App Is The Pickup Procedure App For The City Of St Pete Beach And Understand That This Is The Procedure The Program Will Run By.

I HAVE READ AND UNDERSTOOD THE CONTENTS PROVIDED IN THE PARENT PACKET FOR THE CITY OF ST PETE BEACH SUMMER CAMP PROGRAM.

Parent Signature _____

Date _____

Field Trip Permission Form

The St Pete Beach Summer Camp Program may take field trips using the city’s transportation. Additionally, the summer camp program will be walking to and from Horan Park and St Pete Beach Family Aquatic Center. List of trips will be posted along with the Summer Camp calendar and be attached with the parent handbook.

NOTICE TO PARTICIPANTS/ PARENTS/ GUARDIANS:

I/ We the participant or parents/legal guardians of the named child(ren), hereby give my approval to my/his/her participation in programs and activities of the City of St Pete Beach Recreation Department. I/We do assume all risks or hazards incidental to such participation and use of equipment and facilities by myself or my minor dependents and do hereby agree to waive, release, resolve, absolve, and hold harmless the City of St Pete Beach, its employees, agents, and elected officials from any claim, loss, or injury of any kind, including losses or injury arising from the negligence of the City of St Pete Beach, its employees, agents, and elected officials.

*My signature below verifies that give permission for the City of St. Pete Beach to transport my child to safety in case of an emergency such as: Hurricane, Tornado, Flood, Toxic Spill, etc. and for any camp related schedule trip.

X _____

Signature of Parent or Legal Guardian

Date

Sunscreen Policy and Permission Form

It is the responsibility of the camper to bring sunscreen with them to camp each day (including swim & field trips). The City of St Pete Beach policy on applying sunscreen is as follows: Each child will bring their own sunscreen and apply it to their skin personally. When necessary, a City of St Pete Beach staff member of the same sex as the child will assist each child that may be unable to personally apply his/her own sunscreen. When a child needs such assistance, the staff member will apply sunscreen on only the exposed parts of the child's skin. Children will be requested to apply sunscreen along their suit lines. Also, the staff member will always try to apply sunscreen while another staff is present.

_____ I give permission for the City of St Pete Beach staff to apply sunscreen to my child(ren) in accordance to the process outlined above.

_____ I decline permission for the City of St. Pete Beach to apply sunscreen to my child(ren). My participant will be responsible for applying their own sunscreen.

Parent Guardian Signature _____

Parent/Guardian Printed Name _____

Child(ren) Name(s) _____

Date _____

Photo Policy

Photographs taken by the Recreation Department at the city programs and camps are often used in presentations, display boards, flyers, website, brochures, camp DVD and other city publications. If you do not want to have your child or any family member's picture in any marketing material, please let the Recreation staff know.

_____ I give permission for the City of St. Pete Beach staff to take pictures of my child for presentations, displays, flyers, website, brochures, and other city publications.

_____ I do not give permission for the City of St. Pete Beach staff to take pictures on my child for presentations, displays, flyers, website, brochures and other city publications.

Parent/Guardian Signature: _____

Date: _____

Snack and Snack Account:

Children will be given nutritious snacks during Summer Camp each day. Snack is served daily from 3:30-4:00pm. No soda is allowed in the after-school program. Candy will only be given during special event days. These snacks are available for purchase for \$1 during the designated snack period. Kids will also have the opportunity to buy Ice Cream as well as Popsicles at the pool during swim days. Please note the Rec Center does not have a snack account system. The Rec Center staff is not liable for lost or stolen money within the program.

Signature: _____

Date: _____



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date

Curbside Drop Off / Pick Up Procedure/ PikMyKid App

The City of St Pete Beach is dedicated to make sure the kids as well as the parents who attend the summer camp program remain safe and healthy. During this time, we will be implementing a curbside drop off and pick up procedure. This will allow the center to follow CDC guidelines and to continue practicing social distancing. Also, during this time we will be asking parents to allow staff to record all sign in and out actions. Additionally we will be requiring all parents within the program to sign up with the PikMyKid App. Once registered a tutorial on how the app works will be emailed to you, to successfully sign yourself up with your child.

Morning Drop Off: **Time TBD**

- Pull Directly up to opening where coaches table is located.
- Let child(ren) out of the vehicle
- Inform the coach who you are dropping off and your name, coaches will proceed to sign your child(ren) in for you.

Afternoon Pick Up: **Time TBD**

- Pull up into one of the designated pick up parking spots.
- Please use the PikMyKid app to announce you have arrived to pick your child up.
- Please allow 5 Minutes in order for staff to collect your child(ren) and their belongings and walk them to you.
- *Please do not come inside unless you are making a payment or to talk to a staff member in the Main Office. If it seems like it is taking an unusually long time for your child to come out, please contact the front office at 727-363-9245.

If a child needs dropped off or picked up outside of the designated time, please call 727-363-9245 and a member of our recreation staff will assist.

The City is taking these additional safety measures to insure we are doing everything we can to keep children, families & staff as safe and healthy as possible while still providing an essential service to those who need it.

Parent Signature:

Date:

Release of Liability

I _____ for myself, my heirs and personal representatives, here by assume all liabilities, risks, injuries and hazards incidental to, or as a result of, participation in children's activities/ I acknowledge the conditions or factual circumstances where physical or other injuries may occur. I do hereby waive, release and agree to indemnify and hold harmless the City of St. Pete Beach, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from negligence of the City of St. Pete Beach, its agents or employees and sponsors or activity supervisors, arising from my participation in said activity. I assume all risk of injury, liability, and loss arising from my participation or presence at said activity. I acknowledge that the City of St. Pete Beach, will not assume any costs relating to any injury while I am involved in this activity. This Waiver, Release and Hold Harmless/ Indemnification Agreement is in consideration of the City of St. Pete Beach, or activity sponsor permitting my participation in the activity or program at issue and in further consideration of the City of St. Pete Beach, not requiring self-funded liability insurance coverage on my part as a condition precedent to my participation in the activity I freely and voluntarily assume all risk of loss or injury arising from my participation in the activity whether due to my negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release and Indemnification, the City of St. Pete Beach, or other sponsors of the activity would not have offered me, the access to the activity because of unacceptable exposure to civil liability claims, or the expense of providing a program that is risk-free. I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I might otherwise be entitled if I am hurt or suffer loss during my participation in the activity.

You must carefully read this document before signing it. You are waiving or releasing valuable legal rights. You are advised to seek the advice of an attorney if you do not fully understand this document

Parent/Guardian Signature