



Brevard County Parks & Recreation Youth Programs Guidelines



ENROLLMENT Payment must be made in full by cash or credit (**checks are not accepted**) to secure enrollment. Please ensure all of the information in your enrollment kit is correct and completed. Parent/Guardian is responsible to keep this information updated and notify staff in writing of any changes. Please retain your receipt(s) if needed for the IRS. Brevard County Tax ID # is 59-6000523.

PROGRAM RULES Please review these rules with your child to ensure that we have a great time together!

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

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

DISRESPECTFUL, DISRUPTIVE or DESTRUCTIVE BEHAVIOR First incident child will be counseled. Second incident child will be removed from activity. Third incident child will be suspended the next day. Fourth incident child will be removed from program.

PHYSICAL CONTACT MADE - First incident child will be suspended the next day. Second incident child will be removed from program.

CHECK IN - Each child must be escorted into the program and checked in and out of the program by signing the daily sign in/out sheet. Please do not drop your child off prior to 9:00 a.m. as our staff is not available to supervise your child before the scheduled program time. If your child is a walker/biker and the release form has been completed, they will then be allowed to check themselves in and out of the program at the appropriate times. ALL late arrivals must be signed in with program staff. Brevard County will not be responsible for children who are not signed into the program. If staff is not able to reach the parent/guardian, appropriate authorities will be notified.

CHECK OUT Parent/Guardian must provide names of persons who are authorized to leave the site with a child. Parent/Guardian is responsible to keep this information up to date. If someone is not listed on the enrollment form, and will be signing out the child, a signed note from the parent/guardian is required. A legal document must be presented to identify any change in legal custody that affects who is or is not authorized to leave the site with the child. At the time of pickup, proper picture identification and signature will be required. If you need to pick up your child early, please personally inform a staff member that you are signing out the child. A late pickup fee of \$20.00 per child shall be assessed for children not picked up within 15 minutes of the conclusion of the program. If the parent/guardian is late, a telephone call is appreciated, but does not relieve you of the responsibility of the late fee. Payment of this fee will be required before your child will be allowed back in the program. If staff is not able to reach the parent/guardian, appropriate authorities will be notified.

SPECIAL NEEDS CHILDREN - Any person with a disability requiring reasonable accommodation in order to participate in our activities and programs must contact the program coordinator.

REFUNDS An application for refund must be received 7 calendar days prior to scheduled date of use, except for illness or family emergencies, in which case proof must be provided, and the application must be received within 7 calendar days following absence. A processing fee of \$20.00 will be assessed for each refund application.



Brevard County Parks & Recreation Youth Programs Enrollment



Location: Barrier Island Sanctuary **Program:** Eco-Explorers Summer Camp 2018

PLEASE PRINT

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

Swimming is a part of our program.
All children must be able to swim 50 yards unassisted and tread water for 2 minutes.
Life jackets, vests and leashes will be provided for kayaking, paddle boarding, snorkeling and surfing and must be worn.

Please check your child's swimming ability: EXCELLENT GOOD FAIR

Please 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: _____ Zip: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Staff will not release your child to anyone not listed above. Please 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 2 of registration packet) 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: _____

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: _____