



Arlington Park & Aquatic Complex 2019 Summer Camp Registration

10 Weeks - June 3 - August 9, 2019

Parent/Guardian name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Child's Name:	Age & Grade*	School Name	N Number (School #)	T-Shirt Size YS, YM, YL, AS, AM, AL, AXL
	/			
	/			
	/			
	/			
	/			

*Please indicate the grade the camper completed during 2019-20 school year

E-mail: _____

Please mark the week (s) your child (ren) are going to attend. Please know that if a week is checked you will be required to pay the weekly registration fee. If your plans change and you can not attend please notify us as soon as possible but at least a week prior to camp starting.

Week 1: June 3 - 7

Week 4: June 24 - 28

Week 7: July 15 - 19

Week 9: July 29 - Aug. 2

Week 2: June 10 - 14

Week 5: July 1 - 5, No camp July 4

Week 8: July 22 - 26

Week 10: August 5 - 8

Week 3: June 17 - 21

Week 6: July 8 - 12

Weekly Fees
\$100.00 per camper, per week (including tax)

Breakfast, Lunch and two snacks are included.

You may pack additional food and drinks for your child, but please note that refrigeration is NOT available. Please label your child's lunch bag. Camp staff is not responsible for camper's personal money or other belongings. A re-fillable water bottle is suggested.

Please call with any questions:

941-541-2110

In order for your child to be registered, you must submit all completed forms to the Arlington Park & Aquatic Complex Front Desk and remit payment for at least the first week of camp. Spaces will not be held without complete registration and payment. Registration for summer camp will start on April 1, 2019 at 7am and registration must be done in person. One person may turn in up to 3 completed summer camp registration forms.

Emergency Contacts and Approved Pick-up List

Arlington Park & Aquatic Complex 2019 Summer Camp

Camper Name _____ Date of Birth _____

Camper Name _____ Date of Birth _____

Camper Name _____ Date of Birth _____

Camper Name _____ Date of Birth _____

Camper Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zipcode _____

Primary Contact: Parent/Guardian

Name _____ Relationship to Campers _____ Phone # _____

Secondary Contact: Parent/Guardian

Name _____ Relationship to Campers _____ Phone # _____

Emergency contact information if primary and secondary contacts cannot be reached.

Name _____ Relationship to Campers _____ Phone # _____

Name _____ Relationship to Campers _____ Phone # _____

Name _____ Relationship to Campers _____ Phone # _____

Include primary, secondary, and emergency contacts in the approved pick up list for all campers.

YES	NO
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List of adults that are allowed to pick up your camper/s

Name _____ Relationship to Campers _____ Phone # _____

Name _____ Relationship to Campers _____ Phone # _____

Name _____ Relationship to Campers _____ Phone # _____

Name _____ Relationship to Campers _____ Phone # _____

Health Form

Arlington Park & Aquatic Complex 2019 Summer Camp

Camper Name _____

Allergies (Medication, Food, Insect, Seasonal)

Please specify _____

Treatment _____

Are there any health or behavioral concerns that you would like us to know about?

Please specify: _____

Additional Comments _____

Camper Name _____

Allergies (Medication, Food, Insect, Seasonal)

Please specify _____

Treatment _____

Are there any health or behavioral concerns that you would like us to know about?

Please specify: _____

Additional Comments _____

Camper Name _____

Allergies (Medication, Food, Insect, Seasonal)

Please specify _____

Treatment _____

Are there any health or behavioral concerns that you would like us to know about?

Please specify: _____

Additional Comments _____

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Additional Comments _____

Camper Name _____

Allergies (Medication, Food, Insect, Seasonal)

Please specify _____

Treatment _____

Are there any health or behavioral concerns that you would like us to know about?

Please specify: _____

Additional Comments _____

Camper Name _____

Allergies (Medication, Food, Insect, Seasonal)

Please specify _____

Treatment _____

Are there any health or behavioral concerns that you would like us to know about?

Please specify: _____

Additional Comments _____

Participant Release and Waiver of Liability and Parental Consent

Arlington Park & Aquatic Complex Summer Camp 2019

Waiver of Liability: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of the Arlington Park & Aquatic Complex of the City of Sarasota, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the City of Sarasota, its officers, employees, and agents from liability from any and all claims including the negligence of the City of Sarasota resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observations, and use of facilities, premises, or equipment ("Fitness Activities") of the Arlington Park & Aquatic Complex. I agree to hold the City of Sarasota harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees arising or resulting from my participation or involvement in Fitness Activities at the Arlington Park & Aquatic Complex.

Assumption of Risk/Fitness Activities: Fitness Activities, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Fitness Activities at the Arlington Park & Aquatic Complex include weightlifting, running, aerobic exercise activities, pool activities, fitness classes, basketball, baseball and other sporting activities. Some of these Activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and other involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises, and sprains, to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to catastrophic injuries including paralysis and death. I have read the foregoing and I know, understand, and appreciate these and other risks that are inherent in the Fitness Activities made possible by the Arlington Park & Aquatic Complex of the City of Sarasota. I hereby assert that my participation is voluntary and that I knowingly assume such risks.

Pre-existing Health Condition: I affirmatively state that I do not suffer from any type of ailment, illness or disorder that may adversely affect my ability to participate safely in the Fitness Activities. Having stated the foregoing, I assume any and all risk to my personal health and well-being as a result of my participation in the Fitness Activities.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law of the State of Florida and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

Conduct: I also agree to abide by all policies developed by the Arlington Park & Aquatic Complex of the City of Sarasota of which I have received a copy. Failure to do so may result in a suspension of my pass and privileges.

ACKNOWLEDGEMENT OF UNDERSTANDING: I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, PARENTAL CONSENT (IF APPLICABLE) AND LOCKER AGREEMENT (IF APPLICABLE) AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO FILE SUIT. I ACKNOWLEDGE THAT I AM SIGNING BELOW FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant (Camper) Name: _____ **Date:** _____

Participant (Camper) Name: _____ **Date:** _____

Participant (Camper) Name: _____ **Date:** _____

Participant (Camper) Name: _____ **Date:** _____

Participant (Camper) Name: _____ **Date:** _____

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____ **Date:** _____

Consent to Use of Photography

Arlington Park & Aquatic Complex 2019 Summer Camp

I HEREBY ACKNOWLEDGE that the City of Sarasota photographs camper activities as a way to keep records of yearly programs. I hereby grant permission for the City to use my child's photograph to promote summer camp and other activities at the Arlington Park & Aquatic Complex. The photograph may be used on the City of Sarasota Park & Recreation District's Facebook page, brochures, flyers, advertisements and/or presentations to City Commission.

Participant (Camper) Name: _____ **Date:** _____

Participant (Camper) Name: _____ **Date:** _____

Participant (Camper) Name: _____ **Date:** _____

Participant (Camper) Name: _____ **Date:** _____

Participant (Camper) Name: _____ **Date:** _____

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____ **Date:** _____

Camper Behavior Contract

Arlington Park & Aquatic Complex 2019 Summer Camp

Camper

I have had an opportunity to read the Summer Camp 2019 Program Handbook and have discussed it with my parent. I agree to the following:

I understand that the rules of the program are meant to ensure that everyone feels safe and respected and I agree to follow them.

I will be respectful and listen to my counselors.

I will not use swear words and I will keep my hands to myself.

I will always stay with my assigned group.

I understand the consequences for not following the rules.

Child Signature or Print

Date

Child Signature or Print

Date

Child Signature or Print

Date

Child Signature or Print

Date

Child Signature or Print

Date

Parent

I am the parent/guardian of the above camper/s and have had an opportunity to read the Summer Camp 2019 Program Handbook and have discussed it with my child/ren. I agree to the following:

I will provide support and encouragement to my child to assist him/her in following the rules of camp.

I will be available to meet with staff regarding my child's participation in camp.

I will make staff aware of any questions or concerns I may have about my child's participation in camp.

Parent/Guardian Signature

Date

Acknowledgement for Parents

Arlington Park Spring Break Camp

PLEASE INITIAL EACH LINE AND SIGN AT THE BOTTOM

_____ Depending on the severity of any single incident, your child can be expelled from Camp indefinitely without refund and without following the Disciplinary Action Escalating List.

_____ I acknowledge that camp starts on June 3, 2019

_____ I agree to come inside and sign my child into camp between 7:30am and 9:00am each morning.

_____ I will come inside to sign my child out by 5:30pm each night, and I will bring my photo ID. If I cannot pickup my child, I will have another authorized person enter the building to sign out my child with a photo ID.

_____ I will not send valuables or electronics to camp with my child.

_____ **I will not send my child to camp if s/he is sick.**

_____ If my child becomes sick, injured or is suspended from camp due to behavioral issues, I agree to come to the Arlington Park & Aquatic Complex immediately to sign him/her out.

_____ I have discussed the Summer Camp 2019 Program Handbook with my camper.

_____ I understand that Arlington Park staff is obligated by law to notify authorities if: (1) I do not pick up my child if my child becomes ill or needs medical attention, (2) I do not pick him/her up within 30 minutes of the end of camp, (3) if camp staff observes any signs of child abuse and/or neglect.

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____ **Date:** _____

Parent Orientation

A parent or guardian must attend a parent orientation session in order for your child to attend the Arlington Park & Aquatic Complex Summer Camp. Please ensure you sign up for a parent orientation or make an orientation appointment prior to May 15th.

Parent Orientation at Arlington Park & Aquatic Complex:

Tuesday, May 14th 6pm-7pm

Wednesday, May 15th 6pm-7pm

We are looking forward to a great summer!!