



# Escambia County Department of Neighborhood & Human Services

## **PLAY LEARN GROW** Summer Camp PROGRAM

Youth Registration \$70 up to four kids

Application Date: \_\_\_\_\_

Please use the following spaces for your child(ren's) general information. If more spaces are required, please complete front page of an additional registration packet.

### Participant Information

First and Last Name	School	Grade	<b>Shirt Size:</b> <i>Circle One</i> <b>Youth:</b> Small Medium Large <b>Adult:</b> Small Medium Large XL	<b>DOB</b> / /	<b>Current Age</b>
First and Last Name	School	Grade	<b>Shirt Size:</b> <b>Youth:</b> Small Medium Large <b>Adult:</b> Small Medium Large XL	<b>DOB</b> / /	<b>Current Age</b>
First and Last Name	School	Grade	<b>Shirt Size:</b> <b>Youth:</b> Small Medium Large <b>Adult:</b> Small Medium Large XL	<b>DOB</b> / /	<b>Current Age</b>
First and Last Name	School	Grade	<b>Shirt Size:</b> <b>Youth:</b> Small Medium Large <b>Adult:</b> Small Medium Large XL	<b>DOB</b> / /	<b>Current Age</b>

### Participant Address

Home Address	City	State	Zip
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### Family Information

Mother's First Name	Last Name	Day Phone	Home Phone	Cell Phone
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Father's First Name	Last Name	Day Phone	Home Phone	Cell Phone
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Guardian's First Name	Last Name	Day Phone	Home Phone	Cell Phone
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**Youth Registration (Pg. 2)**

**Emergency Call and Pick up List**

First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number

**Medical Information**

*Please use the following spaces for each of your children's medical information. Please list all allergies, medical conditions, special needs, etc. your child (ren) may have.*

**Special note:** Medication cannot be administered by program staff. If your child needs medication, please administer prior to daily program start and after daily program completion.

First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.



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*PLAY LEARN GROW* Summer Camp PROGRAM  
Youth/ Teen Registration (Pg. 3)**

**Extended Care Policies**

The following program fees will apply to the parent or guardian of any child remaining at center after program hours end:  
**(\$10.00 for every 30 minutes per child)**

**The above fees are to be paid the day they are charged. These fees must be paid before your child can return to program.**

**Program Rules and Disciplinary Procedures**

1. Following directions: Participants must follow the directions of all staff members.
2. **No** stealing: Participants will respect the property of others.
3. **No** hitting, kicking, or fighting of any kind.
4. **No Bullying.**
5. **No** use of profanity or spitting.

The following **disciplinary actions** will be taken by center/ program staff relating to severity of the misbehavior or offense of the child. At any point in the process, the parent may be contacted and asked to pick the child up immediately.

***Parent will be notified both verbally and in writing of any disciplinary action taken above the warning level.***

- 1st Offense: Warning: Youth will receive a verbal warning from staff member.
- 2<sup>nd</sup> Offense: Time-out: Youth is placed in time-out for a designated period of time.
- 3<sup>rd</sup> Offense: Loss of program privileges: Youth will not be allowed to attend specified activities as designated by program staff.
- 4<sup>th</sup> Offense: Suspension from program: Youth will not be allowed to attend program for specified number of days (Determined by Center Coordinator).
- 5<sup>th</sup> Offense: Expulsion from program: Child will not be allowed to attend for the remainder of program and may not be allowed to return to program in subsequent years (Determined by Center Coordinator).

**Waiver for Participant**

I do hereby agree to indemnify, defend and hold harmless Escambia County, its officers, employees, agents, and volunteers from all actions, liabilities, claims, damage to personals or property, losses, costs, penalties, obligations, errors, or omissions that may be asserted by any person, firm, or entity arising out of or in connection with the activities conducted by the applicant or programs offered by Escambia County, whether or not there is concurrent passive or active negligence on the part of Escambia County Personnel.

**Photo Release**

I do hereby grant authorization to Escambia County, Florida to use photographs of myself or the program participant (s) for publicity purposes. I hereby authorize the use of photographs taken of me for publicity purposes.

***By signing below I understand that I am agreeing to the terms of this waiver and the rules of the program.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Official Use Only*

Fees Paid \_\_\_\_\_ Staff Initials \_\_\_\_\_