



2024 Camp Registration Form
CHILD MUST TURN FIVE YEARS OLD PRIOR TO SEPTEMBER 1st, 2024

(PLEASE PRINT)

Child's Full Name Sex Date of Birth Entering Grade

Address City Zip

Parent's/Guardian's Name Email

Parent's/Guardian's Home Phone # Day/Work Phone # Cell Phone #

Medical Insurance Company Policy # Person(s) to be notified in case of an emergency when parent cannot be reached & relationship to child:

Name Relationship Phone #

Name Relationship

Does child have any allergies to food/insects? NO YES

Does child have any medical restrictions that would affect participation in camp? NO YES

Does child require medication to be taken during the day? NO YES

Does child have any behavioral or emotional limitations staff should be aware of? NO YES

If yes to the above, please explain:

THE TARPON SPRINGS RECREATION DIVISION FREQUENTLY TAKES PHOTOGRAPHIC AND VIDEO IMAGES OF PARTICIPANTS FOR MARKETING AND ADVERTISING PURPOSES. IF YOU WISH FOR THE TARPON SPRINGS RECREATION DIVISION NOT TO USE YOUR LIKENESS OR THE LIKENESS OF YOUR CHILD, PLEASE INDICATE SO IN WRITING TO:

TARPON SPRINGS RECREATION DIVISION.
ATTN: Duffy Smith, 400 SOUTH WALTON AVENUE, TARPON SPRINGS, FL 34689.

I, _____ for myself, my heirs and personal representatives, and for the minor child _____ and his/her heirs and personal representatives, hereby assume all liabilities, risks, injuries, and hazards incidental to participation in all Tarpon Springs Recreation Department programs, and in the use of Tarpon Springs Recreation Department facilities and equipment, including transportation to or from the said activity and facility. I acknowledge the fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless the CITY OF TARPON SPRINGS, its officers, agents, employees, the organizers, sponsors, activity supervisors, co- sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges, or compensation for loss or injury of any kind arising from the negligence of the CITY OF TARPON SPRINGS, its agents or employees and sponsors or activity supervisors, arising from my participation in the said activity. I acknowledge that the CITY OF TARPON SPRINGS will not assume any costs relating to any injury while I am involved in this activity. This waiver, release and indemnification is in consideration of the CITY OF TARPON SPRINGS or activity sponsor permitting my participation in the activity or program and in further consideration of the CITY OF TARPON SPRINGS not requiring self-funded liability insurance coverage 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 of others. I acknowledge that, absent this release and indemnification, the CITY OF TARPON SPRINGS or other sponsor of the activity would not have offered me access to the activity because of unacceptable exposure to 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 ADIVCE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN
SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

MEDICAL POLICIES

Guidelines for your child returning to camp following a COVID-19 positive test:

- At least 5 days have elapsed since symptoms first appeared *and*
- At least 24 hours have elapsed with no fever and without fever-reducing medication *and*
- Other symptoms of COVID-19 are improving

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the child from returning to camp.

If City staff determines that we are unable to adequately staff camp, then we will cancel camp and issue the appropriate prorated refund.

Guidelines for medications in Camp:

Only prescribed emergency medications are allowed on-site at camp. Emergency medications include, but are not limited to, an inhaler or epi-pen. All medication will be stored by staff in a secure spot if the conditions below are met:

- The prescribed medication has the child's name on it.
- Parents give the medication directly to staff at drop-off.
- The child can self-administer the medication.
- Medication is in a Ziploc bag.

Staff will not administer medication to children.

If a situation arises where an emergency medication is needed and self-administered, City Staff will contact 9-1-1, if needed, and the child's parents immediately.

Refunds will not be issued to individuals who can't attend due to illness or for voluntary withdrawal from camp without City mandated closure.

I agree with and will abide by the medical policies above.

Signature

Date

FEES POLICY

2024 FEES

WITH ACTIVITY CARD: \$675 - 9 WEEKS CAMP or \$100 WEEKLY
WITHOUT ACTIVITY CARD: \$800 - 9 WEEKS CAMP or \$115 WEEKLY
ACTIVITY CARDS: Free for City residents 17 years old and younger
\$55 for non-resident individuals or \$70 for families

A minimum payment of a camper's first two weeks is due at the time of registration. Each week of camp must be paid in full no later than 5:00pm, on the preceding Friday. No camper will be allowed to attend whose account is in arrears.

I agree to comply with and will abide by the Fees Policy above.

Signature

Date

DISCOUNT POLICY

Parents/guardians enrolling more than one child in Summer Camp may receive a 15% discount on Summer Camp fees for 2024. This discount applies only if the additional children live full time with the originating child or have identical legal guardians. The discount will only apply to the succeeding children and for only the full nine weeks of Camp.

City of Tarpon Springs employees may receive a 15% discount on Summer Camp fees for 2024. This discount applies to children enrolled either weekly or for the entire nine weeks. Discounts may not be combined.

I acknowledge the discount policy above.

Signature

Date

REFUND POLICY

Refunds are not issued for programs or camps after their respective start dates. All refund requests must be submitted in writing to the Recreation Superintendent. In some cases, additional documentation may be required. Any refund approved will be subject to a 15% administrative fee.

I agree with and will abide by the Refund Policy above.

Signature

Date

Emergency Medical Release

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

Please Print Information:

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Parent/Legal Guardian: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Family Physician's Name / Health Care Resource: _____

Address: _____

Telephone: _____

Hospital Preference: _____

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

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

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I hereby give my consent to any emergency facility and any medical personnel to administer necessary treatment to my child _____, in the event of an

(Child's Full Name)

emergency, at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants.

Signature of Parent / Guardian

Date

**CITY OF TARPON SPRINGS
SUMMER CAMP
DISCIPLINE & LATE PICK-UP POLICIES**

Rules listed in the code of conduct to the City of Tarpon Springs Summer Camp Programs 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.

Discipline Policy

1st Occurrence – Verbal reprimand issued by Recreation Leader or Camp Director.

2nd Occurrence - Parents will be notified and written documentation made.

3rd Occurrence - Minimum 1 day suspension, may include up to 5 day suspension.

4th Occurrence - Dismissal from program and no refund issued.

Each situation will be considered on an individual basis in order to determine the appropriate consequence for the offense.

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

Our 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.

In consideration of the 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, have reviewed them with my children and will abide by the policy.

Parent / Guardian Signature

Date

Late Pick-Up Policy

CAMP HOURS WITHOUT BEFORE/AFTER CARE: 8AM - 5PM

CAMP HOURS WITH BEFORE/AFTER CARE: 7:30AM - 5:30PM

1st Occurrence: Warning only. No Charge

2nd Occurrence: \$10.00 Fee

3rd Occurrence: Parent must schedule an appointment with Camp Director to discuss continued attendance in program.

NO REFUNDS ISSUED!!

Parent / Guardian Signature

Date

City of Tarpon Springs
Summer Camp Fitness and Nutrition Policy

The City of Tarpon Springs is taking a step to growing healthy kids through nutrition, wellness, and activity in our summer camp programs. Our daily schedules will include at least 60 minutes of fitness activity and staff will encourage physical fitness in all children, emphasizing the importance of healthy habits. All summer camps will only offer healthy snack options for the campers, limiting the amount of “junk food” except on special occasions or camp projects. The only beverages served during the summer camp program will be water, Gatorade, juice or milk. **NO SODAS ARE ALLOWED IN CAMP.** Our staff is committed to a positive attitude regarding healthy foods and will encourage the importance of healthy eating habits.

Staff commitment:	Parent's commitment:
Provide at least 60 minutes of physical activity a Day	Support your child in being physically active daily
Staff will display a positive attitude towards physical activity and healthy eating habits at camp	Remain positive towards physical activity and healthy eating habits outside of camp
Growing healthy children	Growing healthy children

We want to see the children grow to be healthy and active people. These policies are a proactive approach to address the need to fight childhood obesity and inactivity. We hope you will join in our commitment this summer and beyond towards growing healthy children. Check with your Camp Director and staff for what they have planned for your child this summer.

City of Tarpon Springs Summer Camp Staff

Parent / Guardian Signature

Date

SECURITY & SAFETY

Any changes to this form may only be made by the listed parents or guardians. These changes may only be made in person at the Community Center, 400 S. Walton Avenue. In the event a change must be made remotely, you must enter a security word below that would allow us to make remote changes on your behalf. No remote changes will be made without a listed parent or guardian correctly providing the security word.

SECURITY WORD: _____

Parent/Guardian Signature

Date

2024 SUMMER CAMP

Week Choices

Child's Name: _____

Please circle all weeks that your child will be attending camp.

DATES	SPONGERS (K-2)	STINGRAYS (3-5)	SPARTANS (6-8)
June 10 - June 14	Week 1	Week 1	Week 1
June 17 - June 21	Week 2	Week 2	Week 2
June 24 - July 28	Week 3	Week 3	Week 3
July 1 – July 5 <small>NO CAMP JULY 4</small>	Week 4	Week 4	Week 4
July 8 – July 12	Week 5	Week 5	Week 5
July 15 – July 19	Week 6	Week 6	Week 6
July 22 – July 26	Week 7	Week 7	Week 7
July 29 – August 2	Week 8	Week 8	Week 8
August 5 – August 9	Week 9	Week 9	Week 9

Please note that there will be NO CAMP on Thursday, July 4th.

Parent's Signature

Date

**Staff
Signature**

Date

Authorized Pick Up List

Child's Name: _____

Camp: _____

Parent's Name: _____

Telephone Number: _____

Parent's Name: _____

Telephone Number: _____

Only adults, 18 years of age or older, may be entered on this form. The following individuals are permitted to sign the above listed child in and out of camp:

Name:	Telephone Number	Add/Delete Date	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent / Guardian Signature

Date