

# Summer Camp

Dear Summer Camp Parent or Legal Guardian,

Summer is just around the corner and the Parks and Recreation Lake Kennedy Center Division is ready for summer camp! We have a full schedule of events, guest speakers, sports, arts and fun. A parent or guardian is required to sign campers in and out at the beginning and end of each day.

We will provide breakfast and lunch to students. You are welcome to pack a lunch for your child any day and they will still be offered free lunch. An afternoon snack is not provided so please pack an nutritious afternoon snack and drink for your child every day (refrigerators and microwaves are not available).

**The Summer Food Program will be : TBD**

Campers should wear comfortable cool clothing and footwear they can run around in!

Sunscreen policy: Campers should come to camp prepared to spend some time outside.

Staff are not permitted to apply lotion sunscreen; however, we can assist with spray on sunscreen. Students will be reminded regularly to reapply sunscreen but it is up to the parent to provide the sunscreen and the child to apply. Students are encouraged to bring a reusable labeled water bottle which can be refilled at our water fountain.

The only way to reserve your spot is to pay for the week in full. Camp spots are limited and enrollment is based on a first come, first serve basis. Cash check, or credit cards are accepted. Camp Hours are Mon– Fri 8:00am-5:00pm extended care from 7:30am-5:30 pm is an additional \$10 per week. \* No program on July 4

**Camp will follow CDC recommended guidelines for illness.**

**\* All registration forms must be turned in before campers first day. Campers with allergies , asthma or medications must complete forms before first day of camp. Camp is for children who have completed Kindergarten and entering 5th grade.**

Please contact us if you have any questions. We look forward to a terrific summer!



## Summer Camp Childcare Enrollment Form

\_\_\_\_\_ Program Policies and Procedures guide that includes the facilities disciplinary policy has been issued to parent whose signature is listed below

	1st Child	2nd Child	3rd Child
Child's First and Last Name			
Date of Birth			
Allergies			
Special Needs			
Medications			

*Parent/Guardian Information:*

Custodial Parent/Legal Guardian			
Relationship to Child			
Home Address with Zip Code			
Home/Work/Cell Phone			
Email Address			
Place of Employment			
Date of Birth			
Driver's License # and Exp. Date			

*Persons who have permission to remove child from facility, in addition to the names above:*

Name			
Relationship to Child			
Place of Employment			
Home/Work/Cell Phone			
Home Address with Zip Code			

*Physician Information (911 will be contacted incase of emergency)*

Child's Physician Name	Phone Number	Physicians Address

Please let us know of any pertinent information regarding your child so that we can offer your family the best care possible. (i.e. for custody or court order issues please provide legal documentation): \_\_\_\_\_

Parent Release: I have enrolled the above-named child and my signature below indicates that I release the City of Cape Coral and any persons connected with said City from blame or responsibility in case of accident or injury incurred during the operations of this program. There is no medical coverage included in this registration for any program offered by Parks & Recreation. By participating in these programs, I assume medical insurance responsibilities. I understand that in the case of medical emergency, 911 will be called and I hereby authorize doctors at the designated hospital to treat my child for any injury or illness occurring during Parks & Recreation programs. I have been notified, in writing, of Cape Coral Parks & Recreation's rules and policies, including the discipline practices followed by this program. The Cape Coral Parks and Recreation Department reserves the right to deny registration for any program and to change fees where applicable. Further, I give full permission to any and all of the foregoing to use photographs, videotapes, recordings, or any other record of this event for legitimate purposes. I understand refunds are available only if the class/program is changed or cancelled, excluding those cancelled due to an act of nature. I understand refunds are available only if the class/program is changed or cancelled, excluding those cancelled due to an act of nature. Refunds will not be issued once program has begun, unless accompanied by a medical excuse. **NO refunds/credits for missed days within a session.** All requests must be submitted in writing.

Signed by Custodial Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR CITY OF CAPE CORAL PARKS AND RECREATION PROGRAMS/ACTIVITIES

PLEASE READ THIS FORM CAREFULLY and be aware that in signing up for and participating in the City of Cape Coral Parks and Recreation’s programs/activities, you will be expressly assuming the risk and legal liability and will be waiving and releasing all claims against the City for contraction of illness, injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected and associated with the City’s –programs/activities (including transportation services/vehicle operation, when provided).

STATEMENT OF PARENT OR GUARDIAN

I recognize and acknowledge that there may be certain risks involved in participating in the City’s programs/activities, and I voluntarily agree to assume the full risk of any contraction of illness, injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or may accrue to me or my child/ward) as a result of participating in such program/activity against the City, including the City’s respective officials, officers, employees, and volunteers (hereinafter collectively referred to as “Parties”). I do hereby fully release and forever discharge the Parties from any and all claims for contraction of illness, injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these programs/activities.

I indemnify and hold harmless the City of Cape Coral, and any of its employees and/or agents from any and all claims from my use of City property or participation in any City programs. I will further indemnify and “hold harmless” the City, and any of its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from or on behalf of my child’s/children’s/ward’s use of City property and/or participation in City programs to the extent of the City’s liability under general law.

This is to certify that I, as parent/guardian with legal responsibility for this/these participant(s) named below, do consent and agree to his/her/their release as provided above and, for myself, my heirs, assigns, and my minor child’s/children’s/ward’s involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

\_\_\_\_\_  
Self, Parent or Legal Guardian \*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant’s Name

\_\_\_\_\_  
Participant’s Name

\_\_\_\_\_  
Participant’s Name

\* (If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature.)



## Parks and Recreation Field Trip and Activities Permission Form

I grant permission for my child \_\_\_\_\_ to participate in neighborhood walks. I understand that I will be informed of the planned walks at least two days in advance and that I may withdraw permission for a walk if I so desire.

Circle One Yes No

I grant permission for my child \_\_\_\_\_ to participate in field trips in an authorized vehicle. I understand that I will be informed of all planned field trips at least two days in advance and that I may withdraw my permission for a planned trip if I so desire

Circle One Yes No

I grant permission for my child \_\_\_\_\_ to be included in school pictures and give permission for those pictures to be used by the center. My child may also participate in the activities and in the use of the equipment at the center

Circle One Yes No

Signed \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

# Permission for *Food-related Activities & Special Occasion* food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

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

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

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

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)



**Lake Kennedy Center Camp**  
**Program Policies and Procedures Manual Agreement**

I, \_\_\_\_\_ parent of \_\_\_\_\_  
\_\_\_\_\_ have read and agree to the terms stated in the City of Cape Coral, Parks and Recreation, Program Policies and Procedure Manual.

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Relationship to Child

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

Failure to sign and return this to the Site Director / Supervisor by the first day of the program will result in the removal of your child from the program.