

WELCOME TO CAMP!

We are excited that you have chosen Super Science Camp at Four Freedoms Park to meet your child's summer camp needs. We strive to make this summer camp the best your child has ever had. We have teamed up with Super Science & Amazing Art and have an amazing crew of wonderful, skilled staff just waiting for your summer to begin.

PLEASE READ ENTIRE CONTENTS OF THIS LETTER!

Attached are forms that will need to be completed and returned (via e-mail: iyepes@capecoral.gov), prior to the start of camp:

- Camper Enrollment Form
- Waiver
- Program Policies and Procedures Manual Agreement & Sunscreen Policy

Each session begins with check-in at the preschool door at 9:00 a.m. each morning and ends with check-out at 4:00 p.m.

WHAT TO BRING

- **Water bottle** (*daily*)
- **Sunscreen** (*please arrive to camp with sunscreen on*)

Please note – avoid additional electronics unless camp related. Also, wear clothing that can & will get dirty. Make sure to have campers name clearly written on all personal items. This is important to make sure all your items return home with you, plus it keeps our valued attention with your camper and not on their gear. ***We are not responsible for lost or stolen items.***

LUNCH AND SNACKS

Free breakfast and lunch will be provided by the School District of Lee County starting Tuesday, June 7 to the last day of camp, otherwise campers are more than welcome to pack their own lunch. We do encourage campers to **pack an extra snack for the afternoon.**

CONTACT INFORMATION

Parents/Guardians should always call the camp at (239) 574-0804 if their child will not be attending camp that day.

Four Freedoms Park (239) 574-0804

We are excited about our camps for the summer. If at any time between now and the beginning of camp you have any questions, concerns, or want to discuss your child's participation in camp, feel free to contact us.

We look forward to seeing you soon at Four Freedoms Park.

Four Freedoms Park

Super Science Camp Enrollment Form

Week(s) Enrolled: 1 / 5 - Gaming 2 / 6 - Engineering 3 / 7 - Kitchen Chemistry 4 / 8 - Drone Flight

Camper(s) Information:

1. Camper's Name: _____ Date of Birth: _____

Allergies, Special Needs, Medications: _____

2. Camper's Name: _____ Date of Birth: _____

Allergies, Special Needs, Medications: _____

Parent/Guardian(s) Information:

Parent/Guardian (1) Name: _____ Relationship to Camper(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Home / Work / Cell

Place of Employment: _____

Parent/Guardian (2) Name: _____ Relationship to Camper(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Home / Work / Cell

Place of Employment: _____

Please list all other persons authorized to pick up camper(s):

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Physician Information (911 will be contacted in case of emergency) :

Camper's Physician Name: _____ Phone Number: _____ Address: _____

Please list any pertinent information regarding your camper 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 a medical emergency, 911 will be called and I hereby authorize the 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 and 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 to any program and to charge fees where applicable. Further, I give full permission to any and all of the foregoing to use photographs, video tapes, 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.

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

Self, Parent or Legal Guardian *

Date

Participant's Name

Participant's Name

Participant's Name

Program Policies and Procedures Manual Agreement

I have received, read and reviewed with my child/children the terms of this manual. We (parent & child/children) _____ agree to the terms stated in the City of Cape Coral, Parks & Recreation, Program Policies and Procedure Manual.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Child's Signature

Child's Printed Name

Date

Child's Signature

Child's Printed Name

Date

Sunscreen Policy

The City of Cape Coral Parks & Recreation Department will, as a courtesy, agree to administer sunscreen, to your son/daughter to help prevent the harmful effects of sun exposure.

The City of Cape Coral policy on applying sunscreen is as follows: **Each child will be responsible for supplying and applying sunscreen to his/her skin personally.** When necessary, a City of Cape Coral staff member will assist each child that may be unable to personally apply his/her own sunscreen. When a child needs such assistance, the staff member will apply sunscreen on only the exposed parts of the child's skin. Children will be requested to apply sunscreen along their suit lines. Also, the staff member will only apply sunscreen while another adult staff member is present.

My child will be bringing sunscreen to camp to use personally and it will be labeled with their name.

The type of lotion that I have selected for my son/daughter is:

Type of Lotion

◆◆◆ Parents, please circle option 1 or 2 and sign below. ◆◆◆

1) with A & B: I GIVE PERMISSION OR 2) DO NOT GIVE PERMISSION

Parent/Guardian's Signature

Date

1) I **GIVE PERMISSION** for the City of Cape Coral summer camp staff to administer sunscreen to my child in accordance with the policy above and the following conditions below:

A) I, as the parent or legal guardian of the above-named child, agree that, at certain times during the course of the summer, sunscreen may not always be necessary during all outdoor activities. I leave the decision to administer sunscreen to my son/daughter to the discretion of my child's summer camp director, or individual acting on the behalf of the summer camp director.

B) I, as the parent or legal guardian of the above-named child agree that a City of Cape Coral summer camp staff member may supervise the application of sunscreen on my son/daughter, and when necessary, may actually apply sunscreen on the exposed parts of my son/daughter's skin.

2) I have read the above policy and **DO NOT GIVE PERMISSION** for the City of Cape Coral summer camp staff to administer sunscreen to my child.

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.