



Registration for all Fun Days ends one week prior to Fun Day date at 6pm

Participant Name: _____

Participant Grade: _____ **Participant Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Helpful Information About Participant: _____

Emergency Contacts/Persons authorized to pick up:

<u>Name:</u>	<u>Phone Number:</u>	<u>Relation:</u>

Email application to Nicole.Berzin@fmbgov.com

A late pick up fee will be assessed as follows: Pick up between 4:01 and 4:15 - \$5; between 4:16 and 4:30 - \$10; with \$5 increase every 15 minutes thereafter

Fun Day Registration

September 25, 2023



Participant Policies

Bay Oaks Recreational Campus

Bay Oaks Recreational Campus has made changes to the Bay Oaks Fun-Days policies as follows:

Drop-Off/Pick-Up

Drop-off of participants is between 8AM and 9AM. If your child needs to be dropped off later, you **MUST** notify staff in advance or as soon as possible. Pick-up is no later than 4PM. A late pick up fee will be assessed as follows: Pick up between 4:01 and 4:15 - \$5; between 4:16 and 4:30 - \$10; with \$5 increase every 15 minutes thereafter

Registration

All participants registering for Fun-Days **MUST** register in advance. For Fun-Days the deadline is one (1) week prior to the desired starting date of the participant.

Sign-Ins/ Sign-Outs

All participants in Fun-Days **MUST** be signed-in and signed-out by those on their designated list at drop-off and pick-up.

I have read and understand the above policies and that should I fail to follow them it could lead to my child not being a part of the Bay Oaks Recreational Campus Fun-Days. By signing below, I am agreeing to the above policies.

PARENT/GUARDIAN SIGNATURE:

DATE:

PRINTED NAME:

EPIPEN CONSENT FORM

In order for my son/daughter to receive the necessary medical treatment while participating in a Youth Program and/or in the event of an allergic reaction, I hereby authorize the Director, Manager, Supervisors, Coordinators, and Rec Aids and/or other staff of the Culture, Parks and Recreation Department to seek medical treatment, provide emergency medical care, and/or to administer an EpiPen (as prescribed) on my son/daughter. Furthermore, the Camp and the staff of the Culture, Parks and Recreation Department will not be held responsible for any injury or illness incurred while my son/daughter is at camp.

Parent/Legal Guardian Name: _____

Signature of Parent/ Legal Guardian: _____

Date: _____

ALLERGIES (Use an additional sheet if necessary. Please list if the allergy is through consumption, contact, or airborne) <input type="radio"/> My child has no known allergies		
Medical Allergies (List) _____ _____ _____	Food Allergies (List) _____ _____ _____	Other Allergies (List) _____ _____ _____
<input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling Location: _____ <input type="radio"/> Trouble breathing <input type="radio"/> Blue around mouth <input type="radio"/> Other:	<input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling Location: _____ <input type="radio"/> Trouble breathing <input type="radio"/> Blue around mouth <input type="radio"/> Other:	<input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling Location: _____ <input type="radio"/> Trouble breathing <input type="radio"/> Blue around mouth <input type="radio"/> Other:
Does child have an EpiPen? <input type="radio"/> Yes <input type="radio"/> No Will you send it to camp? <input type="radio"/> Yes <input type="radio"/> No	Does child have an EpiPen? <input type="radio"/> Yes <input type="radio"/> No Will you send it to camp? <input type="radio"/> Yes <input type="radio"/> No	Does child have an EpiPen? <input type="radio"/> Yes <input type="radio"/> No Will you send it to camp? <input type="radio"/> Yes <input type="radio"/> No

Camper Medical History

Please list any known medical conditions that the staff should be aware of: _____

MEDICATION/SUNSCREEN AUTHORIZATION FORM

(Must be completed to allow staff to assist your child with the application of spray on sunscreen and/or the dispensing of medication. Staff will not administer medications without consent)

Child's Name: _____

YES, I DO give authorization
to assist my child with spray
on sunscreen

NO, I DO NOT give
authorization to assist my
child with sunscreen

Please skip the following section if not applicable and sign at the bottom:

Medication: _____

Dosage (Amount): _____

Time(s) Given: _____

Medication Instructions and Possible Side Effects: _____

Any conditions that your child has that we should be aware of: _____

Medication must be in original container and properly labeled. The label must state the doctor's name, child's name and dosage directions.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____



Participant Waiver and General Release Form

Town of Fort Myers Beach, Florida



Waiver and release of all claims and assumption of risk for the Town of Fort Myers Beach, Florida. Please read this form carefully and be aware that in participating in Town of Fort Myers Beach (hereafter "Town") activities/programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you and/or your minor child might sustain as a result of participating in any and all activities connected with and associated with Town of Fort Myers Beach programs/activities (including transportation services/vehicles operation, when provided).

I recognize and acknowledge that there may be certain risks involved in participating in Town programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss that my minor child or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may have (or accrue to me or my child) against the Town as a result of participating in such program/activity, including but not limited to claims against Town officials, officers, employees, agents, independent contractors associated with such programs/activities in any capacity, and/or volunteers (hereinafter collectively referred to as "parties"). I do hereby fully release and forever discharge the parties from any and all claims for injuries, damages or loss (including but not limited to attorney's fees and/or appellate attorney's fees associated therewith, whether or not suit is filed) that my minor child or I may have or which may accrue to me or my minor child and arising out of, connected with, or in any way associated with these programs/ activities or any of them. I indemnify and hold the Town, any of its employees and/or agents and/or any parties referenced above, from any and, all claims from my use of town property or participating in any town programs/activities. I further indemnify and hold harmless the Town, its employees and/or agents and/or any parties referenced above from all costs, expenses and liabilities resulting from any claim brought as a result of my or my child's use of Town property and/or participation in Town programs/activities to the extent of the town's liability under general law. I will comply with all requirements imposed by any federal, state, county or Town emergency declaration. Failure to do so will result in immediate revocation of this Agreement. I acknowledge that the Town requires all participants to wear a life jacket or personal flotation device ("PFD") at all times when on the water. I understand that if I do not follow the Towns requirement of wearing my PFD, I face having my participation privileges revoked, and may be barred from activities. I understand that photographs, videos or other recording of my and /or child's face, likeness, and/or voice may occur during Town programs/activities, by signing below, I hereby agree that such face, likeness and/or voice may be published by the Town in brochures, newsletters, or other advertising for the Town.

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, my facsimile signature shall substitute for, and have the same legal effect as, an original form signature.

PARENT/GUARDIAN SIGNATURE:

WITNESS SIGNATURE:

PRINTED NAME:

PRINTED NAME:

DATE:

DATE:

NAME OF PARTICIPANT: _____