

Belleair Summer Camp 2010 Registration

(PLEASE PRINT)

Child's Name: _____ Child's Gender: _____ Date of Birth: ___/___/___

Age: _____ Entering Grade: _____ T-Shirt Size: (Circle One) AXL AL AM AS YL YM YS

Address: _____ City: _____ Zip: _____

Parent's/ Guardian's Name (s): _____

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

E-mail address _____

Person(s) to be notified in case of an emergency when parent cannot be reached. Include relationship to participant.

_____ Phone #: _____

_____ Phone #: _____

Yes No Does camper have any allergies to food/insects/sunscreen? If yes, what? _____

Yes No Does camper require medication(s) administered by staff during camp hours? If yes, what? _____

RELEASE OF LIABILITY

By its nature, participation in recreational activities can include a risk of injury. Consider your child's physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice.

Since the Town of Belleair is not aware of my or my dependent(s) physical condition or training for various activities and in consideration of the benefits and opportunities afforded to my dependent(s) or me by participation in activities sponsored by the Town of Belleair, I state as follows:

If I or my dependent(s) should suffer an injury or illness as a participant, I authorize The Town representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the Town of Belleair, its employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.

Parent/Guardian Signature _____ Date _____

Memberships

Resident:

- _____ \$30/ year
- _____ \$20/ 6 months
- _____ \$60/ 6 month family
- _____ \$95/ year family

Non-Resident:

- _____ \$95/ year
- _____ \$60/ 6 months
- _____ \$160/ 6 month family
- _____ \$290/ year family

Belleair Summer Camp 9 am-12 pm

- | | | |
|-------------------------------------|---------------------------------|------------------------------|
| _____ Week 1 (Specialty Camps Only) | _____ Week 5 (June 28 - July 2) | _____ Week 9 (July 26-30) |
| _____ Week 2 (June 7-11) | _____ Week 6 (July 6-9) | _____ Week 10 (August 2-6) |
| _____ Week 3 (June 14-18) | _____ Week 7 (July 12-16) | _____ Week 11 (August 9-13) |
| _____ Week 4 (June 21-25) | _____ Week 8 (July 19-23) | _____ Week 12 (August 16-20) |

Member: #Weeks: _____ x \$45 = _____

Partial Payment (50%): _____

Non-Member: #Weeks: _____ x \$60 = _____

Full Payment: _____



Field Trips fees are included in weekly fees and are non-refundable.

Specialty Camps 2010 Registration

Child's Name: _____ **Age:** _____

				Office Use Only
				AMOUNT
<u>Week 1: 6/1-6/4</u>				
<input type="checkbox"/> Fishing Camp (AM)	<u>AGES</u> Ages: 8-14	<u>COST</u> Member: \$75	Non-Member: \$90	_____
<input type="checkbox"/> Wild Girls Club (AM)	Ages: 10-14	\$100		_____
<input type="checkbox"/> Sandlot Camp	Ages: 6-12	Member: \$75	Non-Member: \$90	_____
<input type="checkbox"/> CSI Detective Science	Ages: 6-12	\$115		_____
<u>Week 2: 6/7-6/11</u>				
<input type="checkbox"/> After Lunch Bunch	Ages: 6-12	Member: \$35	Non-Member: \$50	_____
<input type="checkbox"/> Creative Cooking Camp	Ages: 6-12	Member: \$75	Non-Member: \$90	_____
<input type="checkbox"/> Music Camp	Ages: 5-18	\$100		_____
<u>Week 3: 6/14-6/18</u>				
<input type="checkbox"/> Tennis Camp (AM)	Ages: 5-12	\$90		_____
<input type="checkbox"/> After Lunch Bunch	Ages: 6-12	Member: \$35	Non-Member: \$50	_____
<input type="checkbox"/> Football Camp (5:30)	Ages: 8-14	\$125		_____
<input type="checkbox"/> Volleyball Camp	Ages: 8-15	\$100		_____
<u>Week 4: 6/21-6/25</u>				
<input type="checkbox"/> Art Camp	Ages: 6-12	\$135		_____
<input type="checkbox"/> Speed Camp	Ages: 8-14	\$125		_____
<input type="checkbox"/> Claymation Camp	Ages: 8-12	\$150		_____
<u>Week 5: 6/28-7/2</u>				
<input type="checkbox"/> After Lunch Bunch	Ages: 6-12	Member: \$35	Non-Member: \$50	_____
<input type="checkbox"/> Fit Kids	Ages: 5-12	\$60		_____
<input type="checkbox"/> Art Camp	Ages: 6-12	\$135		_____
<input type="checkbox"/> Lacrosse Camp	Ages: 8-18	\$75		_____
<u>Week 6: 7/6-7/9</u>				
<input type="checkbox"/> Kids Variety Show Camp	Ages: 6-12	\$150		_____
<input type="checkbox"/> Science Exploration	Ages: 6-12	\$115		_____
<input type="checkbox"/> Sandlot Camp	Ages: 6-12	Member: \$75	Non-Member: \$90	_____
<u>Week 7: 7/12-7/16</u>				
<input type="checkbox"/> After Lunch Bunch	Ages: 6-12	Member: \$35	Non-Member: \$50	_____
<input type="checkbox"/> Art Camp	Ages: 6-12	\$135		_____
<input type="checkbox"/> Building Leaders Thru Athletics (5:30)	Ages: 8-14	\$125		_____
<u>Week 8: 7/19-7/23</u>				
<input type="checkbox"/> Tennis Camp (AM)	Ages: 5-12	\$90		_____
<input type="checkbox"/> Volleyball Camp	Ages: 8-15	\$100		_____
<input type="checkbox"/> Red Hot Robots	Ages: 7-13	\$160		_____
<u>Week 9: 7/26-7/30</u>				
<input type="checkbox"/> Creative Cooking Camp	Ages: 6-12	Member: \$75	Non-Member: \$90	_____
<input type="checkbox"/> Spanish Camp	Ages: 9-13	\$125		_____
<input type="checkbox"/> GCU Soccer Camp	Ages: 6-14	\$95-Half AM	\$95-Half PM \$180/week	_____
<u>Week 10: 8/2-8/6</u>				
<input type="checkbox"/> All Sports Camp	Ages: 8-14	\$125		_____
<input type="checkbox"/> For Girls Only Camp	Ages: 6-12	Member: \$75	Non-Member: \$90	_____
<u>Week 11: 8/9-8/13</u>				
<input type="checkbox"/> CSI Detective Science	Ages: 6-12	\$140		_____
<input type="checkbox"/> American Girl Camp	Ages: 5-9	\$85		_____
<input type="checkbox"/> Belleair Hoop School	Ages: 5-14	Member: \$75	Non-Member: \$90	_____
<u>Week 12: 8/16-8/20</u>				
<input type="checkbox"/> Claymation	Ages: 8-12	\$150		_____
<input type="checkbox"/> GCU Soccer Camp	Ages: 6-14	\$95-Half AM	\$95-Half PM \$180/week	_____

_____ Total: _____

Office Use Only— Checks Payable to Belleair Rec Dept.

Membership Total: _____

Summer Camp Total: _____ (full) _____ (50%) _____ (Amount Owed on 5/29)

Specialty Camps Total: _____

Grand Total: _____

Cash Amt: _____ **Check Amt.** _____ # _____

Credit type (circle one): Visa MasterCard Other _____ **Amt** _____ **Date Received:** _____ **Staff Initials:** _____



Town of Belleair Recreation Department

"ACTIVITY/FIELD TRIP PERMISSION FORM"

I, We, hereby grant permission for _____ to participate in
(print participant's name)

various field trips with the Town of Belleair camps on various days between, June 1, 2010 and August 20, 2010 during camp hours and to make incidental stops in route and return when determined to be necessary or desirable. **By its nature, participation in recreational activities can include a risk of injury. In consideration of the benefits and opportunities afforded my child or me by participation in the activity, I state as follows:**

If I or my dependent(s) should suffer an injury or illness as a participant, I authorize Town representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the Town of Belleair, its employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.

Parent/Guardian Signature _____ Date _____

Parent's/Guardian's Name(s): _____

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

Person(s) to be notified in case of an emergency when parent cannot be reached, and relationship to participant.

_____ Phone #: _____

_____ Phone #: _____

Yes No Does camper have any allergies to food/insects/sunscreen? If yes, what?

Yes No Does camper require medication(s) administered by staff during camp hours? If yes, what?

ADDITIONAL INFORMATION:

Refund Policy

All refund requests are subject to Recreation Administration approval. All refund requests must be made in writing by filling out a "Request for Refund" form. "Request for Refund" forms are to be filled out and returned to the Dimmitt Community Center at least 5 working days prior to the session for which the refund is being requested. If available, the refunded amount may be transferred to another session. All field trip fees are non-refundable.

Refund requests submitted 5 or fewer working days before the session begins, that cannot be transferred, will be assessed a \$10 processing fee. Remaining balance will be refunded. Allow 4 to 6 weeks for refunds to be processed.

*Exception – A medical condition that prohibits the child's participation in camp will be considered for a full refund.

I acknowledge that I have read and understand the above policy.

Parent Signature: _____ Date: _____