

Catch a cool tan when you join the teen camp van!

Yeah Baby!



# TEEN CAMP

Dates: June 14th - July 2nd  
July 12th - August 6th

Days: Monday - Friday

Time: 1-4 pm

Cost: Members: \$30 / week \*\*  
Non-Members: \$45 / week \*\*

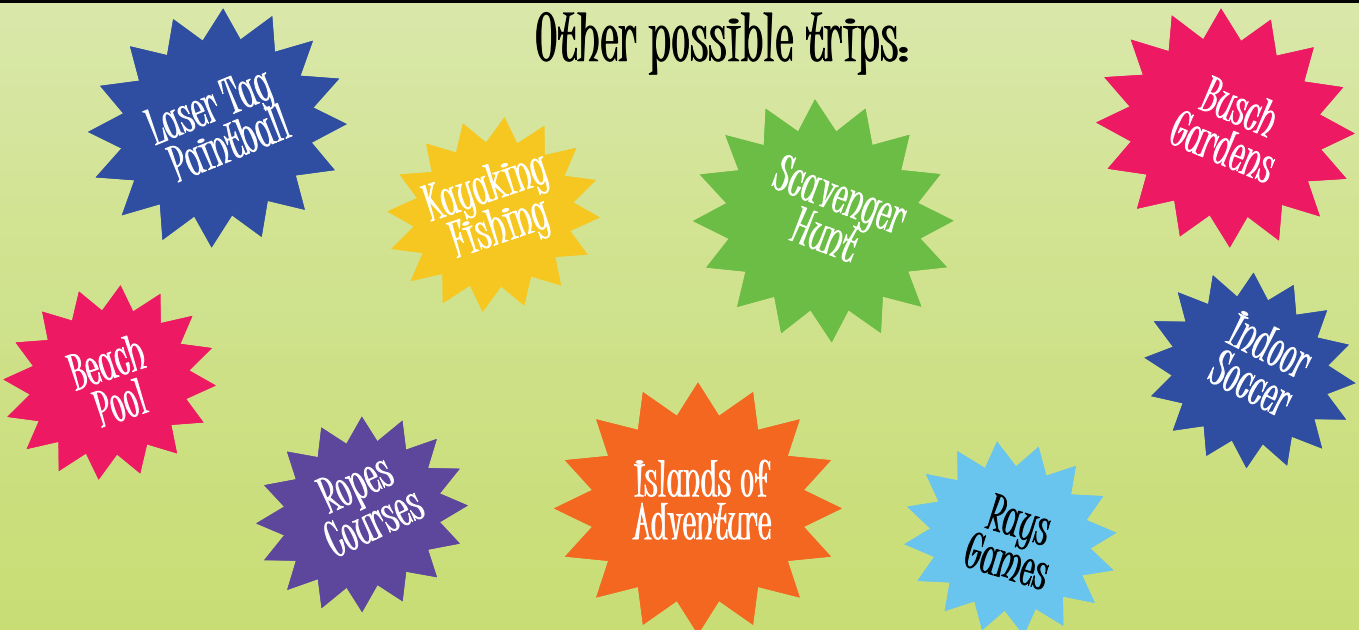
\*\* Field trip fees not included in weekly cost \*\*

Sign up now! Sign up often!  
Space is limited so don't be late!

## Typical week could be:

Monday	Tuesday	Wednesday	Thursday	Friday
Rec Games	Honeymoon Island	Rock Band Challenge	Mini Golf	Movies

## Other possible trips:



For more info contact Belleair Rec at 727-518-3728 or visit [www.belleairrec.com](http://www.belleairrec.com)

# Belleair Teen Camp 2010 Registration Form

(PLEASE PRINT)

Child's Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ T-Shirt Size: (Circle One) AXL AL AM AS YL

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 \_\_\_\_\_

## 1 pm-4 pm

Week 1 (June 1-4)

\_\_\_\_\_ 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 \$30 = \_\_\_\_\_

Non-Member: #Weeks: \_\_\_\_\_ x \$45 = \_\_\_\_\_

### Memberships

Resident:

Non-Resident:

\_\_\_\_\_ \$30/ year

\_\_\_\_\_ \$95/ year

\_\_\_\_\_ \$20/ 6 months

\_\_\_\_\_ \$60/ 6 months

\_\_\_\_\_ \$60/ 6 month family

\_\_\_\_\_ \$160/ 6 month family

\_\_\_\_\_ \$95/ year family

\_\_\_\_\_ \$290/ year family

### OFFICE USE ONLY

Membership Total: \_\_\_\_\_

Teen Camp Total: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ # \_\_\_\_\_

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:

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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: \_\_\_\_\_