

BIZZY B's

2019 Registration Form

(PLEASE PRINT)

Child's Name: _____ Child's Gender: _____

Address: _____ City: _____ Zip: _____

Date of Birth (DOB): ___/___/_____ Age: _____ T-Shirt Size: (Circle Size) YS YM YL

School: _____ Grade Entering Fall 2019: Kindergarten

Parent/Guardian Name: _____ DOB: ___/___/_____ Phone: _____

Parent/Guardian Name: _____ DOB: ___/___/_____ Phone: _____

E-mail Address: _____

List all known allergies: _____

Special medical or dietary needs: _____

Medication requirements: (Separate Medication Form): _____

Persons authorized to sign out child: (Include yourself/spouse/neighbor/family/friend)

The following persons must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

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

Name: _____ Relationship: _____

Phone #: _____ Secondary Phone #: _____

Name: _____ Relationship: _____

Phone #: _____ Secondary Phone #: _____

Membership Information:

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

Weekly Sign Up:

___ Week 1: June 3-7	___ Week 6: July 8-12
___ Week 2: June 10-14	___ Week 7: July 15-19
___ Week 3: June 17-21	___ Week 8: July 22-26
___ Week 4: June 24-28	___ Week 9: July 29-Aug 2
___ Week 5: July 1-5	___ Week 10: Aug 5-9

2019 Activity Field Trip Waiver

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE TOWN OF BELLEAIR USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE TOWN OF BELLEAIR IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE TOWN OF BELLEAIR HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent or Legal Guardian

Date

Photo Policy

The Town of Belleair's Parks and Recreation Department may photograph participants in programs and special events, or people in parks or on park property, and use these images in BPRD materials to promote activities, events and facilities. Images also may be used by media representatives to illustrate coverage of events, programs and facilities of BPRD's public parks and recreation programs. The photos are not made available for commercial / private sector marketing and advertising, endorsement, trade or sales.

Refund Policy

If you happen to change your mind or something happens along the way, please follow these steps to request a refund:

1. All refunds must be submitted in person at the Dimmitt Community Center, 918 Osceola Rd., Belleair, FL 33756.
2. Requests for refunds must be received five (5) business days prior to the start of the camp to receive a full refund.
3. No refunds are issued for one day programs, special events, or trips.
4. If a refund request is submitted within five (5) business days, a full refund will not be applicable.
5. Credits are good for one calendar year.
6. Transfers can be requested, and if approved, may be transferred to another program.

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

Signature of Parent or Legal Guardian

Date

.....
Office Use Only

Bizzy B's Camp Member _____ weeks at \$90 = \$ _____
 Non Member _____ weeks at \$105 = \$ _____

CAMP TOTAL: \$ _____

MEMBERSHIP TOTAL: \$ _____ *Membership must be paid in full**

GRAND TOTAL: \$ _____ (FULL) \$ _____ (50%-Balance due May 13)