



Summer Youth Programs 2019

Registration Form – Completed K-6th Grade

Camp will be held beginning May 28 through August 9, excluding the week of July 4.

Camp will be from 7:30 a.m. - 5:30 p.m. daily.

PARTICIPANT INFORMATION: Please type or print legibly

Name of Camper: (First and Last name) _____

Preferred nickname: (if different) _____ Gender: Male Female

DOB: ____/____/____ Age: (at the time of camp) _____ What Grade is your Child Currently Enrolled in?: _____

(Child must have **completed** Kindergarten through 6th Grade to participate)

T-Shirt Size: (Please circle one) **YOUTH:** XS SM M L OR **ADULT:** SM M L XL XXL

Guardian/ Primary Contact: _____ Relationship: _____

Address: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ E

check frequently: _____

Preferred method of contact: (Please check one) Home Phone Cell Phone Work Phone E-mail

Do you have the RemindME App? (circle one) YES NO

EMERGENCY CONTACTS: (Please provide two additional contacts other than the parent/guardian listed above.)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

PERSONS AUTHORIZED TO PICK-UP CHILD (Photo ID will be required)

Name(s): _____ Relationship: _____

Name(s): _____ Relationship: _____

Name(s): _____ Relationship: _____

Name(s): _____ Relationship: _____

PLEASE NOTE: Program Times are: 7:30am-5:30pm

There will be a \$10 charge for late pick-up. (5:31pm or later)

HEALTH / ALLERGIES AND SAFETY INFORMATION:

Does camper have any known allergies, medical conditions, and special needs, emotional or behavioral issues? If your child needs an Epi-Pen, please have your child’s doctor fill out the attached form. Please be specific and list anything staff should know about. (*Information will be disseminated to staff on a “need-to-know” basis.*)

Due to the high instances of youth nut allergies, we ask that you please refrain from packing peanut butter or other nut butters in your child’s daily lunches and snacks. This is to protect all SPARC participants.

City of Gulf Shores staff will not dispense medications of any kind to SPARC participants. Staff is trained in First Aid and will provide basic care in the case an incident arises. In the event of an accident, injury or illness, I hereby authorize and grant permission to the City of Gulf Shores SPARC staff to secure appropriate treatment from medical professionals.

I, (please print name) _____, understand that there is inherent risk associated whenever my child engages in outdoor activities, and I agree not to hold the City of Gulf Shores or SPARC program staff responsible for any cost or injury arising out of an emergency situation.

Parent/ Guardian Signature: _____ Date: _____

TECHNOLOGY RELEASE:

The City of Gulf Shores uses photos and videos in print and media promotional materials. I hereby give permission for the City of Gulf Shores to use the name of my child and/or his/her photographic, video, or digital image for promotional, news, or public relations purposes in any manner and medium, including print and electronic mediums.

(Please check one)

Photo and Name

Photo Only

Neither Photo or Name

Parent/ Guardian Signature: _____ Date: _____

BEHAVIORAL AGREEMENT: (Please read with your child)

SPARC Summer Camp participants must show respect for other children, counselors, and public property at all times. Children are not permitted to use profanity, be involved in name calling, bullying, or any form of negative behavior. Should a SPARC participant use inappropriate behavior, the parent will be informed of the situation. Any consistent behavioral problem, lack of respect for others, property, or staff will result in a parent conference and may lead to dismissal from the program. I, (participant name) ___, agree to uphold the character values of a SPARC Summer Camp participant, showing respect for people, property and things.

Signature of Participant: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Does your child have a 504 or IEP plan? *Circle One* YES or NO

SPARC Summer Camp 2018 – General Waiver of Liability

Participant Name (please print) _____

Parent/Guardian Name (please print) _____

As an inducement to the City of Gulf Shores to allow the participant identified above to participate in the recreational program(s) indicated, the undersigned hereby acknowledges that the City of Gulf Shores and its officers, agents, and employees will have no responsibility or liability of any kind for injury, property, damage, or death to the Participant in the program(s) indicated. The Participant represents and agrees that:

(1) He or she will investigate to his or her satisfaction the physical requirements, demands of all elected program(s), and is freely assuming all risks associated with participation in such program.

(2) He or she will make an appropriate investigation regarding the Participant(s) current physical condition and has no physical defect, disease, or disability that will make participation in any elected program hazardous to the Participant(s) or to other participants:

(3) He or she will immediately withdraw from participation in the elected program(s) upon discovery of any physical defects, disease or disability that would make participation in any or all elected program(s) hazardous to the undersigned or to other participants.

The Participant, on his or her behalf and on behalf of his or her executors, administrators, heirs and successors, hereby releases and agrees to hold the City of Gulf Shores and its officers, employees, servants, and agents harmless from any person or party arising directly or indirectly from the injury or death of the Participant while participating in, or being transported to or from the indicated program(s).

THE UNDERSIGNED HAS READ AND UNDERSTANDS ALL OF THIS DOCUMENT AS EVIDENCED BY HIS OR HER SIGNATURE BELOW. (PARTICIPANT AND/OR PARENT/GUARDIAN.)

Parent/Guardian Signature _____ **Date** _____

PAYMENT INFORMATION

The cost for SPARC Summer Camp, per child, is \$1100 for the entire summer.
For your convenience, we have included the weekly payment schedule below.

DUE DATE	PAYMENT AMOUNT
At registration	\$100
June 3	\$125
June 10	\$125
June 17	\$125
June 24	\$125
July 1-5	Closed
July 8	\$125
July 15	\$125
July 22	\$125
July 29	\$125



