



Summer Youth Programs 2021
 Registration Form – Completed K- Completed 5th Grade
SPARC does not accept children who are in or have just completed Pre-K

Camp will be held beginning June 1st through August 6th. Camp will be from 7:30 a.m. – 5:30 p.m. daily at the Cultural Center.

PARTICIPANT INFORMATION: Please type or print legibly

Name of Camper: (First) _____ (Last) _____

Gender: Male Female DOB: ___/___/___ Age: (at the time of camp) _____

Current Grade: (Please circle one) K 1st 2nd 3rd 4th 5th

Please Note: Child must have **completed** Kindergarten through 5th Grade to participate. We do not accept Pre-K.

What school does your child attend? _____

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

Guardian/ Primary Contact: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

Email address you check frequently: _____

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