



Escambia County Department of Neighborhood & Human Services

PLAY LEARN GROW Summer Camp PROGRAM

Application Date: _____

Please use the following spaces for your child(ren's) general information. If more spaces are required, please complete front page of an additional registration packet.

Participant Information

First and Last Name	School	Grade	Shirt Size: <i>Circle One</i> Youth: Small Medium Large Adult: Small Medium Large XL	DOB / /	Current Age
First and Last Name	School	Grade	Shirt Size: Youth: Small Medium Large Adult: Small Medium Large XL	DOB / /	Current Age
First and Last Name	School	Grade	Shirt Size: Youth: Small Medium Large Adult: Small Medium Large XL	DOB / /	Current Age
First and Last Name	School	Grade	Shirt Size: Youth: Small Medium Large Adult: Small Medium Large XL	DOB / /	Current Age

Participant Address

Home Address	City	State	Zip

Family Information

Mother's First Name	Last Name	Day Phone	Home Phone	Cell Phone

Father's First Name	Last Name	Day Phone	Home Phone	Cell Phone

Guardian's First Name	Last Name	Day Phone	Home Phone	Cell Phone



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Youth Registration (Pg. 2)

Emergency Call and Pick up List

First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number
First and Last Name	Relationship to Child(ren)	Phone Number

Medical Information

Please use the following spaces for each of your children's medical information. Please list all allergies, medical conditions, special needs, etc. your child (ren) may have.

Special note: Medication cannot be administered by program staff. If your child needs medication, please administer prior to daily program start and after daily program completion.

First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.
First and Last Name	Age	allergies, medical conditions, special needs, etc.



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Program Rules and Disciplinary Procedures

1. Following directions: Participants must follow the directions of all staff members.
2. **No stealing:** Participants will respect the property of others.
3. **No hitting, kicking, or fighting** of any kind.
4. **No Bullying.**
5. **No use of profanity or spitting.**

The following **disciplinary actions** will be taken by center/ program staff relating to severity of the misbehavior or offense of the child. At any point in the process, the parent may be contacted and asked to pick the child up immediately.

Parent will be notified both verbally and in writing of any disciplinary action taken above the warning level.

- 1st Offense: Warning: Youth will receive a verbal warning from staff member.
- 2nd Offense: Time-out: Youth is placed in time-out for a designated period of time.
- 3rd Offense: Loss of program privileges: Youth will not be allowed to attend specified activities as designated by program staff.
- 4th Offense: Suspension from program: Youth will not be allowed to attend program for specified number of days (Determined by Center Coordinator).
- 5th Offense: Expulsion from program: Child will not be allowed to attend for the remainder of program and may not be allowed to return to program in subsequent years (Determined by Center Coordinator).

Waiver for Participant

I do hereby agree to indemnify, defend and hold harmless Escambia County, its officers, employees, agents, and volunteers from all actions, liabilities, claims, damage to personals or property, losses, costs, penalties, obligations, errors, or omissions that may be asserted by any person, firm, or entity arising out of or in connection with the activities conducted by the applicant or programs offered by Escambia County, whether or not there is concurrent passive or active negligence on the part of Escambia County Personnel.

Photo Release

I do hereby grant authorization to Escambia County, Florida to use photographs of myself or the program participant (s) for publicity purposes. I hereby authorize the use of photographs taken of me for publicity purposes.

By signing below I understand that I am agreeing to the terms of this waiver and the rules of the program.

Parent/Guardian Signature

Date

Official Use Only

Fees Paid _____ Staff Initials _____