

Child: \_\_\_\_\_

## Eddie Lee Taylor, Sr. (Lipscomb) Community Center Summer Camp Registration 2025

(10 weeks) June 2 – August 8, 2025

TAX ID # 59-6000371

Print Child's Name: \_\_\_\_\_ Male — Female — Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Emergency number: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

### Emergency Medical Treatment

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical conditions that staff should be aware of (allergies of any kind, chronic illness, motion sickness, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication that your child is taking:

\_\_\_\_\_

Water Activities Permission: Allow — Do Not Allow — Child knows how to swim: Yes — No —

### Check In and Check Out Procedures

If you have specific arrangements for your child regarding drop off and pick up, please indicate here. List any names of those you give permission to pick up or drop off your child. Otherwise, the parent/legal guardian are the only people authorized to pick up the child. Persons authorized to pick up child will be required to show proper I.D. when picking up above named child.

It is very important that you make sure your child is picked up on time (5:30 p.m.). After 5:30 p.m. late fees will apply: \$20 for the first 5 minutes and \$5 for every 5 minutes after. (Limit is 3 times/summer or child is expelled from camp.)

Who will be dropping off & picking up your child? Circle all that apply: Mother Father Other (Must be listed on form)

Other (List Names & Relationships): \_\_\_\_\_

### Staff Use Only

Circle Weeks: Week 1 (6/2/-6/6) Week 2 (6/9-/6/13) Week 3 (6/16-6/20) Week 4 (6/23-6/27) Week 5 (6/30-7/3) \*No camp 7/4

Week 6 (7/7-7/11) Week 7 (7/14-7/18) Week 8 (7/21-7/25) Week 9 (7/28-8/1) Week 10 (8/4-8/8)

Circle T-shirt size: Y-Small Y-Med Y-Large A-Small A-Med A-Large

1 T-shirt included in Camp Cost. Number of additional T- shirts ordered \_\_\_\_\_ X \$7 = \$ \_\_\_\_\_

Circle what applies: \$85/Resident/wk \$102/Non-Resident/wk 2<sup>nd</sup> child discount 20% CDBG FA 25% FA 50%

Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Amount paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Amount paid: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Activity: \_\_\_\_\_

#### **AUTHORIZATIONS, ASSUMPTION OF RISK, WAIVER OF CLAIMS, INDEMNIFICATION**

In consideration of the City allowing the above-named Child to participate in the Activity listed above and use of City equipment and facilities related to the Activity, I understand and voluntarily consent and agree to the following:

- I am over the age of 18 years.
- I am the parent/legal guardian of the Child named above and I am authorized to sign below on my own behalf and on behalf of the Child.
- I hereby authorize the participation of the Child in the non-commercial, community-oriented Activity.
- I hereby represent that the Child is in good health, capable of safe participation in the Activity. In the event of illness or injury, I authorize emergency medical treatment for the Child. I also authorize the City, and its officers, employees, and volunteers to call a physician and/or to arrange for transportation to a hospital, although I understand and agree that the City, and its officers, employees, and volunteers shall not be required to do so.
- I hereby represent that the Child has NOT been expelled or suspended from school attendance at any private or public school in Florida or any other state for an offensive violation of school board policies relating to weapons, alcohol or drugs, or the willful infliction of injury or drugs or the willful infliction of injury to another person. I also affirm that the Child has NOT been adjudicated by the state for a violation relating to weapons, alcohol or drugs, or the willful infliction of injury to another person. I also affirm that to the best of my knowledge and belief, the Child has NOT violated state law relating to weapons, alcohol or drugs or the willful infliction of injury to another person.
- I, on my own behalf and on behalf of the Child, hereby ASSUME FULL RESPONSIBILITY for and risk of bodily injury or property damage due to the negligence of the City and its officers, employees and volunteers (the "Released Parties") or otherwise while in or upon the facilities related to the Activity and/or while completing, practicing, officiating, observing, volunteering or for any purposes participating in the Activity.
- I, on my own behalf and on behalf of the Child, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Released Parties from all liability to me or the Child for any and all loss or damage and any claims or demands on account of injury to person or property of me or the Child, whether caused by the negligence of the Released Parties or otherwise while I and/or the Child is in or upon the facilities related to the Activity and/or competing, practicing, observing, volunteering, or for any purpose participating in the Activity.
- I on my own behalf and on behalf of the Child, hereby agree to INDEMNIFY AND HOLD HARMLESS the Released Parties from any loss, liability, damage, cost they may incur due to the presence of me or the Child in or upon the facilities related to the Activity or in any way competing, practicing, officiating, observing, volunteering, or for any purposes participating in the Activity and whether caused by the negligence of the Released Parties or otherwise. The City is not waiving its sovereign immunity set forth in Section 768.28, Florida Statutes.
- This agreement shall be binding on my heirs, successors and assigns and those of the Child.
- I have read and agree to the City of Melbourne Rules and Regulations for Summer Camp

I have read and fully understand and agree to the authorization for medical treatment, authorization to participate, assumption of risk, release of all claims, indemnification for damages, and authorization to use photographs/video.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_