

**REGISTRATION FORM**

2020 Summer Program (June 8 – Aug 7)



*The City of Daytona Beach  
Leisure Services Department*

PLEASE PRINT

Circle Playground Site: **Midtown Ortona Sunnyland YSG**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ / / \_\_\_\_\_ M F \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact (Primary) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact (Secondary) \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any previous injuries, conditions or special needs about your child the staff should be aware:  
\_\_\_\_\_  
\_\_\_\_\_

**Waiver and Release:**  
Please read this form carefully and be aware that when registering your minor child/ward for participation in the above program, you will be waiving and releasing all claims for injuries your minor child/ward might sustain arising out of Leisure Services program(s)

I recognize there are inherent risks in all recreation programs and I agree to assume the full risk of any injuries, damages or loss regardless of severity that my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the City of Daytona Beach and the Leisure Services Department and their officers, agents, servants and employees. I do hereby fully release and discharge the City and their officers, agents, servants and employees from and all claims from injuries, damages or loss which my minor child/ward or I may have or accrue to me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize City officials to secure from any licensed hospital; physician and/ or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. On line and fax waiver signatures received for program registrations are considered as good as an original document for legal purposes. I have read and fully understand the above program details, waiver and release of all claims and permission to secure treatment and execute this waiver and with all releases voluntarily. *The Volusia County School Board is not affiliated with this City of Daytona Beach Leisure Services program in any manner, nor do they endorse or assume any responsibility for any activities that occur in connection with it.*

I have received a copy, read and understand the Summer Program playground rules and policies as set forth by The City of Daytona Beach Leisure Services Department.  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Behavior Policy Acknowledgement:**  
While every effort will be made by staff to work with my child's behavior, should any behavior threaten the safety of staff or other participants, I understand my child can be expelled, at the discretion of staff, from participating in the Leisure Services Summer Program.  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:**  
I hereby acknowledge that photographs may be taken during this program. I grant to the City of Daytona Beach, its representatives and employees the right to take photographs of my child, \_\_\_\_\_. I agree that the City of Daytona Beach may use such photographs of my child, with or without identification and for any lawful purpose, including publicity, illustration, advertising and Web content including social media. I understand online photographs can be viewed by anyone, worldwide.  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Fees:**  
Program Fee: \$270.00

Payment must be paid either in full, at the time of registration, or in weekly installments. Weekly installment payments must be made at the Leisure Services Office (301 S. Ridgewood Ave, Room 165) Payments not made on time may result in my child being dismissed from the program. Cash, credit/debit card or money order payments only. Personal checks will not be accepted. For questions or more info please call 386-671-8337.

**Note: Payments must be made whether participant is in attendance or not.**

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

<b>FOR OFFICE USE:</b> Payment Received: Amount: \$ _____ Check one: Cash <input type="checkbox"/> C/C <input type="checkbox"/> Rec1 _____  Payment Option: In Full <input type="checkbox"/> Weekly <input type="checkbox"/> Leisure Services Employee: _____ Receipt # _____
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**I have read and understand the Summer Program Rules and Policies as set forth by the City of Daytona Beach Leisure Services Department.**

**PLEASE PRINT:**

**PLAYGROUND SITE:** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Sex \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Guardian relationship \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLAYGROUND SUPERVISOR

\_\_\_\_\_  
DATE

**Parent/Guardian: Please list ALL persons (including self) authorized to pick up the child noted at the top of this page. Child will not be released to persons not included on pick-up list. Proof of I.D may be requested when picking up the participant.**

\_\_\_\_\_  
NAME (PRINT)                      \_\_\_\_\_  
RELATION TO CHILD                      \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NAME (PRINT)                      \_\_\_\_\_  
RELATION TO CHILD                      \_\_\_\_\_  
PHONE NUMBER

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NAME (PRINT)                      \_\_\_\_\_  
RELATION TO CHILD                      \_\_\_\_\_  
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RELATION TO CHILD                      \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NAME (PRINT)                      \_\_\_\_\_  
RELATION TO CHILD                      \_\_\_\_\_  
PHONE NUMBER