City of Wildwood Parks & Recreation
Youth Programs Registration Packet
Summer Camp 2022

Please Print

Participant's First Name:_____Last Name: _____

Age:_____Date of Birth:_____Grade Entering:_____Gender: M ☐ F ☐

Please choose a T-Shirt size for above named participant:

Youth – S ☐ M ☐ L ☐ **Adult** – S ☐ M ☐ L ☐ XL ☐ XXL ☐

Is your child allowed to participate in the following activities?

Swimming – Yes ☐ No ☐ **Movies (PG)** – Yes ☐ No ☐ **Pictures Taken** – Yes ☐ No ☐

Address:_____City:_____State:_____Zip code: _____

Parent/Guardian Name:_____Cell Phone:_____Home Phone: _____

Email:_____

Alternate Emergency Contact:_____Phone: _____

Alternate Emergency Contact:_____Phone: _____

Alternate Emergency Contact:_____Phone: _____

Alternate Emergency Contact:_____Phone: _____

Alternate Emergency Contact:_____Phone: _____

Parks and Recreation will not release participants to anyone not listed above.

Protocol for child release to a non-listed adult:

City of Wildwood Parks & Recreation staff will ONLY release a child to an adult 18+ listed on the emergency contact/parent pick-up card.

If an adult is not listed and comes to pick-up your child, this is the appropriate method to add them to the list in your absence:

- Email a picture of your driver's license to parksandrec@wildwood-fl.gov
- In the email, please state your name, the child's name who is getting picked up, and by whom you wish to add to the contact card.
- Please put their full legal name as it is listed on their driver's license along with a phone number.

City of Wildwood

PHOTOGRAPHIC AND OTHER MEDIUM RELEASE AND ASSIGNMENT CONSENT FORM

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

Note: If I am under eighteen (18) years of age, I understand that I am not permitted to execute this Release and Assignment Consent Form without approval of my parent or legal guardian, who must execute this Form on my behalf.

CHECK APPROPRIATE BOX: ◯ for an adult ◯ for a minor under the age of 18

I, the undersigned, hereby grant to the City of Wildwood, a political subdivision of the State of Florida, and those acting pursuant to its authority, the absolute right and permission to:

a. Record my/the minor under my care's participation and appearance on videotape, audiotape, film, photograph, or any other medium in connection with participation in or attendance at a Parks and Recreation Youth Program.
b. Use my/the minor under my care's name, likeness, voice, and biographical material in connection with these recordings.
c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any legal purpose(s), including, without limitation, educational or promotional purposes, which the City of Wildwood, and those acting pursuant to its authority, deem appropriate.

I further grant to the City of Wildwood, and those acting pursuant to its authority, the right to copyright such pictures and images in its own name or to publish, market, and/or assign such pictures and images without further consideration, compensation, or report to me.

I hereby waive any rights and/or interests that I/the minor under my care might have in the pictures or images, including any rights to inspect and/or approve the finished photographs and images or the use of which the pictures and images may be applied so long as such use is lawful. Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use and publication of my name, participation, and/or likeness by the City of Wildwood, and those acting pursuant to its authority, including the entity seeking this consent, and photographs, videos, and/or audio recordings for any and all purposes including, but not limited to, education, promotional, advertising, and trade, through any medium or format, including, but not limited to, film, photograph, television, radio, digital, internet, or exhibition, at any time from this date forward until I revoke this consent in writing.

I hereby release any and all claims, demands, damages, and causes of action of any nature that currently exist or may exist hereafter against the City of Wildwood, its affiliates, officers, directors, employees, and agents arising out of, or in connection with, my participation or attendance at the Event, including, but not limited to, any claims for defamation; invasion of privacy; invasion of right of publicity; misappropriation of likeness; infliction of emotional distress; negligence; any right, title, or interest in the photographs, videos, or other mediums of recording; or any other physical or monetary injury.

Without limiting the foregoing, I understand that any distribution of the images will be fully compliant with the City of Wildwood policies, statements, and values. I release the City of Wildwood, and those acting pursuant to its authority, from any liability related to the alteration, intentional or otherwise, that may occur in connection with the processing, editing, transmission, display, or publication of any such materials covered by this Form, and understand that images may be cropped or altered for purposes of illustration.

I HAVE READ THE FOREGOING RELEASE AND ASSIGNMENT CONSENT FORM BEFORE SIGNING BELOW. I WARRANT THAT I AM 18 YEARS OF AGE OR OLDER, OR THE PARENT AND/OR GUARDIAN OF_____, A MINOR UNDER THE AGE OF 18 YEARS, AND FULLY UNDERSTAND THE CONTENTS OF THIS FORM AND AUTHORIZE THE USE OF PHOTOGRAPHS, VIDEOS, AND OTHER MEDIUM BY THE CITY OF WILDWOOD, AND THOSE ACTING PURSUANT TO ITS AUTHORITY.

☐ Check box if you DO NOT consent to the Photographic and Other Medium Release and Assignment Form.

Name of adult or guardian: _____ Signature: _____

Name of minor: _____ Age of minor: _____ Date: _____

City of Wildwood Parks & Recreation
Youth Programs Participant Administration of Medication, Conditions & Restrictions

One form per participant, per medication. All medication must be in original container.

Participant's Name: _____

Name of Medication: _____

Dosage:_____Method of Administration: _____

At the Following Times: _____

Explanation (Why is medication necessary during camp hours?): _____

_____

Does the participant have any conditions or restrictions you would like us to be aware of?

☐ Yes *(if yes, please list below)* ☐ No

_____

_____

I, the parent/guardian of the above-mentioned participant understands that there shall be no liability for civil damages as a result of the administration of such medication where a person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.
I hereby grant permission to the Site Supervisor or his/her designee to assist in the administering of the medication listed below to the participant named above:

Is assistance in administration of medication required? ☐ Yes ☐ No

Parent/Guardian Signature:_____Date: _____

For Office Use Only

Date	Time Given	Site Supervisor Administering	Staff Witness

City of Wildwood Parks & Recreation
Liability Release Waiver

RELEASE

In consideration for City of Wildwood Parks and Recreation Department providing facilities, instruction, and/or supervision in the program listed above, the Undersigned does hereby release and hold harmless employees or agents of City of Wildwood Parks and Recreation from any and all liability, existing now or in the future, suffered or caused by the Undersigned or the Child/Ward of the Undersigned, while said Undersigned or said Child/ Ward is engaged in any program connected with the City of Wildwood Parks and Recreation Department. The Undersigned requests permission to participate in the program with full knowledge that said program could result in damage or injury to the Undersigned or Child/Ward of the Undersigned and assumes all risk of possible damage or injury involved through participation in the above noted program. I understand that program participants may be photographed / videotaped by the City of Wildwood Parks and Recreation Department and the local media for publicity of the program.

_____ _____

Signature of Parent or Guardian Date

_____ _____

Print Name – Parent or Guardian Email

_____ _____

Name of Primary Emergency Contact Person (Print) Phone Number

City of Wildwood Parks & Recreation
Youth Programs Discount Form

Dear Parent/Guardian:

Thank you for registering a participant in a City of Wildwood Parks and Recreation youth program or camp. We have lots of exciting activities planned for participants to have fun, learn, grow, and play!

If you wish to apply for a youth program or camp discount, please see the requirements below. Upon verification of eligibility, the youth program or camp discount will be valid for one (1) year from the start of summer camp for all City of Wildwood sponsored youth programs and camps.

In order to determine eligibility for the discount, you must provide the information listed below.
If documentation is incomplete, your discount cannot be verified.

- You must attach a copy of your Florida Driver's License (DL) with address.
- Financial Assistance for Food Stamp/Cash Assistance (50%), you must attach most recent eligibility documentation for the Florida Department of Children and Families indicating the participant is currently eligible to receive one of the benefits listed. *Only one financial assistance may be given.*

Name of Participant: _____

Address of Participant:_____

Are you applying for a financial discount? Yes No

I attest that I have read the above carefully and state that my attestation here is true and correct.

Parent/Guardian Name: _____ Signature: _____

----------**Staff Office Use Only**----------

50% Food Stamp/Cash Assistance Financial Discount: Approved Not Approved

_____

Special Events & Program Supervisor
City of Wildwood Parks & Recreation

_____

Director of Parks & Recreation