

**Please Check One:**

- City Resident
- Non-City Resident

**Please Check One:**

- Cobb Center
- Fricker Center
- Gull Point Center
- Vickrey Center
- Woodland Heights
- Legion Field

**Please Check One Program:**

- After-School Program
- Holiday Camp
- Summer Program
- Pre-School Program
- Specialty Camp
- Other \_\_\_\_\_

**Participant Information Form**

Please use the following spaces for each of your children's general information:  
*If more spaces are required please fill out the front side of an additional registration packet.*

**Participant Information:**

First Name	Last Name	Nickname	School & Grade	DOB / /	Current Age
First Name	Last Name	Nickname	School & Grade	DOB / /	Current Age
First Name	Last Name	Nickname	School & Grade	DOB / /	Current Age
First Name	Last Name	Nickname	School & Grade	DOB / /	Current Age

**Participant Address:**

Home Address	City	State	ZIP
--------------	------	-------	-----

**Family Information:**

Mother's First Name	Last Name	Day Phone	Home Phone	Cell Phone
E-mail Address				

Father's First Name	Last Name	Day Phone	Home Phone	Cell Phone
E-mail Address				

Guardian's First Name	Last Name	Relationship to child(ren)	Home Phone	Cell Phone
E-mail Address				

### **Image Release**

In consideration of my minor child(ren)/ward being allowed to participate in the City of Pensacola Youth Program, related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize that program.

### **Hold Harmless Agreement**

I, as a parent or guardian and on behalf of my child(ren), acknowledge that I am releasing the City of Pensacola, its agents and employees, from any and all liability, either individual, joint or several, which they may incur as a result of any act or acts of negligence, contributory negligence, or comparative negligence, engaged in by them which causes, either directly or indirectly, any injury, sickness or illness of any kind, to my child. I further agree that I will hold the City of Pensacola, its agents and employees, harmless from any liability, payment of damages, and attorney's fees, and will indemnify the City, its agents and employees in the event that the payment of damages, costs and attorney's fees is incurred by the City, arising out of or pertaining to in any way the negligence, contributory negligence of an employee or agent of the City of Pensacola, or of the City of Pensacola itself.

### **Extended Care Policies**

The following fees will apply to individual children remaining at the center after program hours end.

First fifteen minutes (15)	\$10.00 per child	Thirty minutes (30)	\$15.00 per child
Forty-five minutes (45)	\$20.00 per child	Sixty minutes (60)	\$25.00 per child

The above fees are daily and are to be paid the day they are charged. **These fees must be paid before your child can return to camp.**

**Community Center Rules and Disciplinary Procedures** - Corporal punishment will not be used as a disciplinary action at any resource center.

1. Follow 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 use of profanity or spitting.

Disciplinary action will be administered in order to maintain a positive recreation environment for each child. Consequences for misbehavior will result in respect to each action taken, and will include:

- Time out.
- Trash pick up.
- Loss of field trip privileges.
- Suspension or expulsion from the Center or Program.

The following are disciplinary actions that will be taken by center staff with the appropriate action 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.

- Warning: Child will receive a verbal warning from staff member.
- Time-out: Child is placed in time-out. (Parent will be notified both verbally and in writing if Behavior becomes a problem.)
- Trash pick up: Parent will be notified verbally and in writing.
- Loss of field trip privileges: Parent will be notified in writing.
- One day suspension: Child will be suspended from the center or program for one full day. (Parent will be notified in writing.)
- Three day suspension: For chronic behavior problems. (Parent will be notified in writing.)
- Expulsion: Child will be expelled from center or program for an extended period of time. (Parent will be notified in writing.)

**Emergency Call List and Pick-up List**

The following adults have permission to pick up my child from the City of Pensacola Neighborhood Services programs. I understand that at any time identification may be required of the following individuals.

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

**Medical Information and Release Form**

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) have.

**Special note:** If medication is needed, additional paperwork will be required.

Do you require additional paperwork?  Yes  No

First Name	Last Name	DOB / /	allergies, medical conditions, special needs, etc
First Name	Last Name	DOB / /	allergies, medical conditions, special needs, etc
First Name	Last Name	DOB / /	allergies, medical conditions, special needs, etc
First Name	Last Name	DOB / /	allergies, medical conditions, special needs, etc

**Medical Insurance and Physician Information:**

Insurance Carrier	Policy #	Group Number
Family Physician's Name		Physician's Phone Number
Physician's Address		

**I agree and understand the Image Release, Hold Harmless Agreement, Extended Care Policy, Disciplinary Procedures listed above.** I/we also hereby grant consent to all health care providers designated by the City of Pensacola to provide my child(ren) any necessary medical care as a result of any injury or illness.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Name Printed

\_\_\_\_\_  
Date

