



**CITY OF ORMOND BEACH
LEISURE SERVICES DEPARTMENT
399 N. US 1
ORMOND BEACH, FLORIDA 32174
(386) 676-3250**

Registration Hours: Mon - Thurs 7:30 AM - 4:30 PM

Fri 7:30 AM - 3:00 PM

SUMMER CONNECTION DAY CAMP

Registration begins 05/03/2021 and will continue until camps are filled.

Summer Connection Day Camp: This camp is for children *ages 6 through 12 (age as of 9/1/20) and must have completed kindergarten prior to attending camp.* Camp will be offered in two, four-week sessions as follows:

Session 1: June 14 – July 9	City Residents \$245.00	Non-residents \$367.50	No Camp on July 5th
Session 2: July 12 – August 6	City Residents \$245.00	Non-residents \$367.50	

Summer Connection Day Camp Location:

South Ormond Neighborhood Center
176 Division Avenue
Ormond Beach, FL 32174



(45 children max.)

***CAMP LOCATION IS SUBJECT TO CHANGE**
NO FIELD TRIPS WILL BE HELD DUE TO COVID-19

Camp Hours: 8:00 a.m. - 5:00 p.m. Monday through Friday. Children may be dropped off as early as 7:30 a.m. and must be picked up no later than 5:30 p.m.

- Children must possess the following essential skills in order to participate in the summer camp programs:
 - 1) Must be able to participate in a group setting.
 - 2) Must not be a threat to other children, staff or themselves, i.e., biting, hitting, causing bodily harm, etc.
 - 3) Must be able to understand and follow verbal direction.
 - 4) Must have the endurance to undergo a normal day camp setting without having to take naps.
 - 5) Must be fully toilet trained.
- Medication: If a child is required to take medication, parent needs to ensure the child is trained in and understands the procedures for taking his/her medication as the child will have to self-administer the medication. City staff will secure and store the medication; however, at no time will staff be allowed to administer it.
- Registration forms are to be completed by the parent or legal custodian. If you are filling out forms as the legal custodian, please attach a photocopy of the legal paperwork designating you as such. If you do not possess such documentation, one of the parents **must** complete the registration paperwork.
- Please sure to read instructions on the forms which will ensure paperwork is completed properly.
- Weekly payments are available as long as space is available. If you elect to pay weekly throughout the summer, all payments are due no later than the Wednesday prior to the first day of each week; i.e., Week 1, 6/14-6/18/21, your payment is due by Wednesday, 6/9. If your child is not registered, your child may not attend camp until we receive your payment and the proper paperwork is filled out.
- There will be no off-site Field Trips in 2021 Sessions.
- Only one free shirt will be provided for the entire summer whether registering by the week or by the session. You may purchase additional shirts for \$5.00 if you wish and if shirts are still available at the time. Shirts will be provided to your child during their first week of camp.

GENERAL INFORMATION FORM (MINOR)

Father / Adult: _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City: _____ Work Phone: _____
State/Zip: _____ Cell Phone: _____

Mother / Adult: _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City: _____ Work Phone: _____
State/Zip: _____ Cell Phone: _____

***COURT PAPERS ARE REQUIRED IF THIS SECTION IS FILLED OUT**

***Legal Custodian:** _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City: _____ Work Phone: _____
State/Zip: _____ Cell Phone: _____

Emergency Contact OTHER THAN PARENT (if any)

Name _____ Relationship to child: _____
Phone #'s: _____

LIST ANY KNOWN ALLERGIES:

LIST ANY MEDICATIONS:

RECREATIONAL PROGRAM PARTICIPATION

(Please list ALL children in household under 18)

<u>Child's Name</u>	<u>Date of Birth</u>	<u>M / F</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please continue on other side.

ON-LINE REGISTRATION requires that we have your current email address in our system.

Please print clearly E-mail Address: _____

If you would like us to email information on upcoming Leisure Services activities, sports, classes, etc. please **check the type(s) of information you would like to receive by e-mail from our department.**

- Community Special Events Performing Arts Center Performances Special Needs Activities
 Youth Classes & Sports All Activities

TERMS AND CONDITIONS OF PARTICIPATION-READ CAREFULLY BEFORE SIGNING

In consideration of my minor child, minor children or ward listed above (“child”) being permitted to participate in the recreational program (“Recreational Program”) I, the undersigned, hereby, after reading the Authorization, Release, Waiver and Notice completely and carefully, acknowledge that participation in the Recreational Program by my child is entirely voluntary, and understand and agree as follows:

PHYSICAL CONDITION/MEDICAL AUTHORIZATION

I hereby certify that my child is physically fit for participation in the Recreational Program and has the skill level required in connection with the Recreational Program, and I have not been advised otherwise. I hereby give permission for my child to receive any necessary medical treatment if injured during the Recreational Program.

PHOTO RELEASE

The City of Ormond Beach has my permission to use/take a photograph of my child for the use of publicity of the above program without compensation. I hereby waive any claim that may arise or be connected to the use/taking of my child’s photograph.

PERMISSION TO PARTICIPATE, RELEASE AND WAIVER OF LIABILITY

I the undersigned, as the parent or legal guardian of my child, do hereby give my full consent and approval for my child to participate in the Recreational Program. I understand that there are certain risks of damages and injuries, including death, inherent in the Recreational Programs, as well as in any transportation in City owned or non-owned vehicles that may be part of the program and in other related activities incidental to my child’s participation, and I am willing to assume these risks on behalf of myself and my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment, and other participants.

Further, I understand that there is inherent risk in the Recreational Program and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity and which are not eliminated even if the activity provider acts with due care and includes failure by the activity coordinator to warn me or my child of an inherent risk or the risk that the participant or another participant in the activity may act in a negligent or intentional manner and contribute to the injury or death of my child.

I understand that the Recreational Program may actually be organized, directed and presented by an individual performing those duties as an independent contractor or specialist using City property. I further understand that the Authorization, Release, Waiver, and Notice apply to all City of Ormond Beach programs that my child participates in.

I agree that in consideration for my child's participation in the Recreational Programs that I shall hold harmless and fully indemnify and defend the City of Ormond Beach, its employees, affiliates and/or agents (Released Parties) from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from the inherent risks that are a part of these activities. I hereby waive, release, discharge and agree not to sue the Released Parties for any and all causes of actions, claims or damages, injuries or death arising out of the inherent risks of these activities. I agree that in consideration for my child being permitted to participate in the activity, I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my child's participation in this activity.

Relating to Coronavirus/COVID-19

COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by participating in this program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 in this program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Ormond Beach employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in this program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless City of Ormond Beach, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of City of Ormond Beach, its employees, agents, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Ormond Beach program. I also understand by not signing this release, my child(ren) will not be able to participate in this program.

NOTICE TO THE MINOR CHILD'S NATURAL PARENT OR GUARDIAN(S)

PLEASE READ BEFORE SIGNING

READ THIS FORM COMPLETELY AND CAREFULLY. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if the City of Ormond Beach, its employees, affiliates, and/or agents, use reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are

certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form, you are giving up your child's right and your right to recover from the City of Ormond Beach, its employees, affiliates, and/or agents in a lawsuit for any personal injury, including death, to your child or any property damage that results from risks that are a natural part of the activity. You have the right to refuse to sign this form, and the City of Ormond Beach, its employees, affiliates, and/or agents, have the right to refuse to let your child participate if you do not sign this form.
FLA. STAT. § 744.301 (2016).

By signing below, I certify that: (1) I have fully and completely read and understand the above; (2) I am 18 years of age or older, (3) I am the legal guardian of the child identified above, (4) the information set forth above pertaining to my child is true and complete, (5) I consent and agree to all of the foregoing on behalf of myself and my child identified above, (6) I am competent, of sound mind, and freely, voluntarily, and knowingly signed my name hereto after having read the Authorization, Release, Waiver and Notice, (7) No oral representations, statements, or inducements have been made, (8) I agree that the Release and Waiver are intended to be as broad and inclusive as is permitted by the laws of Florida and that if any portion is held invalid, I agree that the balance shall notwithstanding, continue in full legal force and effect, and (9) agree that my child and I shall abide by all rules and regulations adopted by the Leisure Services Department and all City ordinances.

DATE: _____ SIGNATURE OF FATHER: _____

1st Witness **AND / OR** 2nd Witness

DATE: _____ SIGNATURE OF MOTHER: _____

1st Witness 2nd Witness

*COURT PAPERS ARE REQUIRED IF THE LEGAL CUSTODIAN SECTION IS SIGNED.	
DATE: _____	*LEGAL CUSTODIAN: _____
_____ 1 st Witness	_____ 2 nd Witness

NOTE: This form must be signed, dated and witnessed by two adults or signed in front of City staff.



IMPORTANT CAMP INFORMATION REGARDING COVID-19

- Camp participation will be limited to 45 participants at each site, aged 6-12 years.
- Groups will be assigned according to age, and limited to nine campers and one staff member.
- There will be no field trips during 2021 Summer Camp.
- Groups will remain separate from each other.
- Supplies will be assigned to each group, and will remain with that group throughout camp
- Groups will utilize outdoor spaces whenever possible, weather permitting.
- Groups will be distanced from each other during meal times.
- Surfaces will be cleaned/sanitized numerous times daily.
- Campers will be shown proper hand-washing technique and will participate in regular hand-washing/sanitizing along with staff.
- Campers will be asked to sanitize their hands upon arrival.
- Staff members will be required to wear masks as per CDC guidelines; campers are encouraged to wear masks, but will not be required.
- Parent drop-off/pick-up will occur outside of the facility; identification will be required at pick-up time – no exceptions.
- Staff will record the temperature of each child each day at the time of sign-in. Parent must wait until the child's temperature has been recorded.
- Parents agree to not bring their child(ren) to camp if they develop flu-like or COVID-19 symptoms prior to coming to camp.
- Parents/guardians will be asked to sign a COVID-19-related waiver, provide the most reliable contact information possible (cell #s, emergency contacts, etc.)
- In the event a child develops flu-like or COVID-19 symptoms at camp, the parent/guardian will be contacted and asked to immediately arrange pick-up for the child. The child will be isolated from other campers (with supervision) and asked to wear a mask, to reduce possible spread.
- A negative COVID-19 test result must be produced in order for the child to return to camp. Children registering temperatures above 100° will not be permitted to sign-in, and may not return until they have been fever-free for 72 hours without the use of fever-reducing medication.
- If the child is confirmed with COVID-19, a 14-day quarantine period is required before returning to camp. Parents/guardians of other participants within the group will also be immediately contacted and informed of possible illness within the group.
- The above information may be updated periodically as CDC guidelines are adjusted.



LEISURE SERVICES SUMMER PROGRAMS PARENT INFORMATION

By enrolling your child in the Summer Connection Day Camp, you agree to the Department's Disciplinary Policy as listed below. The policy has been updated since last summer, so please read. Thank you!

SUMMER CONNECTION DAY CAMP:

All personal items, such as lunch boxes and jackets, brought to camp must be labeled with child's name. Personal toys, electronic games, cell phones, etc., are brought to camp at own risk and may be used only during designated times. The department cannot be responsible for the personal property of participants.

Camp hours are 8:00am – 5:00pm. Children are to be signed in and signed out each day by parent/guardian. Children **MUST NOT be dropped off before 7:30 a.m. and MUST be picked up prior to 5:30 p.m.**

A late fee will be charged per child, per occurrence, for pickup after 5:30 p.m. **The late charge will be \$5.00 for each ¼ hour. Parents should report to the Camp Office for pick up if after 5:30 p.m. and must sign the necessary papers to release their children.**

Day Camp participants have the option of participating in Volusia County's Summer Food Service Program. A light breakfast and lunch is provided by the County at the South Ormond Neighborhood Center. The day camp is not responsible for the delivery or selection of the meals provided through the County. If you choose not to participate in this free meal program, your child will need to bring a bag lunch, snacks and drinks that do not require refrigeration. Children are responsible for their belongings and money, not counselors.

DRESS CODE: Shirt and **sneakers or rubber sole closed toe shoes MUST** be worn at all times. **No "wheelie" shoes, no flip-flops, sandals, jellies or bare feet. Athletic shoes are preferred.**

DISCIPLINARY POLICY - PLEASE READ CAREFULLY. *The following guidelines are set up for disciplinary procedures.*

TYPES OF ACTIVITIES INCLUDED IN GROUP A

1. Engaging in horseplay, wrestling, throwing things, running through halls, offices, restrooms, etc., or similar types of disorderly conduct.
2. Skateboarding, roller skating and/or rollerblading, scooter riding or bike riding in gym.
3. Talking back to a staff member.
4. Using profanity.
5. Interfering with other participants engaged in activities.
6. Not following directions.
7. Taking items or property of others without permission.
8. Destroying, misusing or damaging another participant's equipment or games or site property.
9. Wandering from group activities and leaders.

GROUP A DISCIPLINARY ACTION

- 1st Occurrence - Verbal warning.
- 2nd Occurrence - Parent/legal guardian notification by written report.
- 3rd Occurrence - One (1) day suspension, no refund.
- 4th Occurrence - One (1) week suspension, no refund.
- 5th Occurrence - Suspension from the program, no refund.

Camp administrator may use their discretion for disciplinary action depending on severity of disciplinary offense.

TYPES OF ACTIVITIES INCLUDED IN GROUP B

1. Smoking or in possession of any tobacco products anywhere on site.
2. Bullying/fighting at any time.

GROUP B DISCIPLINARY ACTION

- 1st Occurrence - 3 to 5 day suspension, no refund
- 2nd Occurrence - 3 to 5 day suspension, or possible immediate expulsion from program, no refund.

TYPES OF ACTIVITIES INCLUDED IN GROUP C

1. Possession of knives, firearms, explosives (including fireworks, cherry bombs, etc.) or weapons on site property.
2. Possession of illegal substances or alcoholic beverages.

GROUP C DISCIPLINARY ACTION

- 1st Occurrence - Immediate dismissal from program with no refund. Police Department will be called to take appropriate action.



INSTRUCTIONS FOR COMPLETION OF PROOF OF RESIDENCY FORM (BELOW).

“RESIDENT” DEFINED.

- one who has a domicile or permanent residence within the City limits of Ormond Beach,
- a person who owns real property within the City limits of Ormond Beach
- a person who owns and operates a business physically located within the City limits of Ormond Beach (with a valid occupational license)
- a person who is employed by the City of Ormond Beach.

RESIDENTS: To prove you meet the residency requirements, you will need to provide your current State of FL driver's license or State of FL I.D. and one additional form of proof from the list below to be eligible for the resident rate.

If you are not 100% sure that you live within the Ormond Beach City limits, please call our office for verification. Some Ormond Beach mailing addresses are NOT located within the actual City limits, such as Ormond by the Sea, Twin Rivers, Halifax Plantation, Tomoka Estates, etc.

PROOF OF CITY OF ORMOND BEACH RESIDENCY FORM

In order to register my child in the Summer Connection Day Camp, paying the resident rate or in order to participate in the scholarship program, I must enclose two forms of proof (one being a photo ID*) that I live within the City limits of Ormond Beach (or own a business or other property within City limits). I have enclosed:

1. _____ * A photocopy of my **current** State of FL driver's license or State of FL I.D. **and** one of the following:
- | | |
|--|---|
| _____ Photocopy of one of my current utility bills (water, phone, gas, or electric) <i>Please note: name and address on bill must be the same name as on the photo I.D.</i> | _____ Photocopy of Property Deed |
| _____ Photocopy of current property tax bill or photocopy of page from the Volusia Co. Appraiser's web page showing my name and address. | _____ Photocopy of my Business License (business physically located in City – license must show your name as owner) |
| | _____ My personal check which shows my current name and address |

PROOF OF SCHOLARSHIP ELIGIBILITY FORM – QUALIFIED CITY RESIDENTS ONLY

In order to register my child in the Summer Connection Day Camp Program at South Ormond Neighborhood Center at a **reduced fee of either \$22 per four-week session or \$7 per week**, I must be a City resident and must furnish proof of scholarship eligibility by enclosing a photocopy of **one** of the following items. I have enclosed:

- _____ Photocopy of *current* Letter of Eligibility from the State of FL Dept. of Children & Families determining eligibility for Food Stamp benefits.
- _____ Photocopy of *current* Letter of Eligibility from the State of FL Dept. of Children & Families determining eligibility for Medicaid benefits.
- _____ Photocopy of *current* Letter of Eligibility from Volusia County for participation in Free Lunch Program.

******Please attach original copy of Volusia County scholarship letter if applicable ******



SUMMER CAMP REGISTRATION FORM (One Form for Each Child)

CHILD'S NAME _____ DATE OF BIRTH _____

SUMMER CONNECTION DAY CAMP (For children 6 thru 12 - age as of 9/1/20)

SESSION 1: June 14 through July 9 (4 weeks) 8:00am – 5:00pm				NO CAMP JULY 5th		
				<u>Resident</u>	<u>Non-Resident</u>	<u>Scholarship Resident</u>
Week 1	June 14 thru June 18	<input type="checkbox"/>	\$ 74.00	\$ 111.00	\$ 7.00	
Week 2	June 21 thru June 25	<input type="checkbox"/>	\$ 74.00	\$ 111.00	\$ 7.00	
Week 3	June 28 thru July 2	<input type="checkbox"/>	\$ 74.00	\$ 111.00	\$ 7.00	
Week 4	July 6 thru July 9	<input type="checkbox"/>	\$ 74.00	\$ 111.00	\$ 7.00	
Or register for all 4 weeks (no refunds)		<input type="checkbox"/>	\$ 245.00	\$ 367.50	\$ 22.00	
Total for Session 1			\$ _____	\$ _____	\$ _____	

Subtotal for Session 1 \$ _____

SESSION 2: July 12 through August 6 (4 weeks) 8:00am – 5:00pm

				<u>Resident</u>	<u>Non-Resident</u>	<u>Scholarship Resident</u>
Week 1	July 12 thru July 16	<input type="checkbox"/>	\$ 74.00	\$ 111.00	\$ 7.00	
Week 2	July 19 thru July 23	<input type="checkbox"/>	\$ 74.00	\$ 111.00	\$ 7.00	
Week 3	July 26 thru July 30	<input type="checkbox"/>	\$ 74.00	\$ 111.00	\$ 7.00	
Week 4	August 2 thru August 6	<input type="checkbox"/>	\$ 74.00	\$ 111.00	\$ 7.00	
Or register for all 4 weeks (no refunds)		<input type="checkbox"/>	\$ 245.00	\$ 367.50	\$ 22.00	
Total for Session 1			\$ _____	\$ _____	\$ _____	

Subtotal for Session 2 \$ _____

GRAND TOTAL \$ _____