



**CITY OF PALM COAST
PARKS & RECREATION DEPARTMENT
SUMMER SCHOLARSHIP & REGISTRATION FORM**

Please return your completed application and required additional documentation* electronically to jmsmith@palmcoastgov.com or in person to The Palm Coast Community Center.

*Those who fail to provide the required documentation will be ineligible for scholarship funding.

Application Deadline:

Summer Season

- March 1 – April 19, 2021

Application Check List*: Please submit the documents below with the Scholarship Application.

Verification letter from Flagler County School District verifying participation in the free or reduced lunch program, if applicable. *If you have this you do not need any other income documentation.*

-OR-

If you do not have a verification letter from the Flagler County School District you need to provide documentation of income for ALL household members, submit all that apply: (proof of any and all income including any and all State and Federal Assistance.)

- Copy of most recent tax return
- Documentation of income
 - Two Recent Pay Stubs, OR
 - Two Recent Unemployment Compensation receipts
- Documentation of State and Federal Assistance (welfare), Social Security, SSI, or other benefits
- Child or spousal support
- Pension or Retirement Benefits
- Other Income

Appropriate documentation must be attached for this application to be considered. We receive many applications and are unable to follow up with you to obtain appropriate documentation.

Participant has received a City of Palm Coast Scholarship before: Yes No Date: _____

Participant's Name: _____ Grade: _____
(Last) (First) (Preferred Full Name) (Current or just completed)

T-Shirt Size: (check size) **Youth:** S M L **Adult** S M L XL

Parent/Guardian: _____ Relationship to child: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ **Authorized to pick up child:** Yes No

Parent/Guardian: _____ Relationship to child: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ **Authorized to pick up child:** Yes No

Does the applicant require reasonable accommodations to participate in the desired program? Yes No



If yes, notification to Recreation Supervisor is required at least five (5) business days prior to program begin date. Those requesting accommodations must complete an Inclusion Questionnaire. Requests will be assessed in compliance with the Americans with Disabilities Act (ADA).

Additional emergency contacts and persons authorized to pick up your child: Any changes to this list must be in writing.

Name: _____
Phone: (W) _____ (H) _____
Cell Phone: _____
Relationship to child: _____

Name: _____
Phone: (W) _____ (H) _____
Cell Phone: _____
Relationship to child: _____

Name: _____
Phone: (W) _____ (H) _____
Cell Phone: _____
Relationship to child: _____

Name: _____
Phone: (W) _____ (H) _____
Cell Phone: _____
Relationship to child: _____

***** Notification of Identification Process *****

Please be advised that all persons authorized to pick up your child are required to present a **State or Government Issued Photo ID meaning a valid driver's license or identification card issued by the Department of Motor vehicles from any state, a US Active Duty/Retiree/Reservist military identification card or a valid passport**, in order to be released to that individual by the Palm Coast Parks and Recreation Department. Additionally, your child will not be released to any person refusing to show the required identification. **This is a precautionary measure to ensure the safety of your child.**

Signature _____ **Date** _____

Health History & Preferences for Medical Treatment

Does your child have any allergies (drugs, food, dairy, latex, chemicals, etc.)? Yes No

To what? _____

**** If your child will eat a free breakfast/lunch you need to have any allergy needs on file with the Flagler County School Board****

What are the effects of the allergy on your child; what needs to be done?

Is your child currently taking any medications? If so, what, when, and why?

(If medication needs to be given during the day, parent/guardian must complete an Authorization to Administer Medication Form. Staff will only administer medication for which a camper has a prescription)

Is there anything else you would like to tell us about your child so that we can be better prepared to have a successful summer?

Parent / Guardian Authorizations & Acknowledgements

The following statements MUST be initialed by the parent/guardian in order to participate in programs/camps offered by Palm Coast Park and Recreation

Responsibility of Child Care: I understand that City of Palm Coast Parks & Recreation Department's (PCPRD) responsibility for my child ends when an authorized adult or I have signed out my child from the program. I understand that I am not to leave my child at the program site unless released to a program staff member who is there to receive/supervise my child.

_____/_____
initials

Staff - Participant Relationships: I understand that the program staff and volunteers are not allowed to transport children at any time or for any reason outside of the program.

_____/_____
initials

Information Update Acknowledgment: I acknowledge that it is my responsibility to keep PCPRD advised of significant changes to enrollment information including phone numbers, work locations, emergency contacts, etc. I understand that any changes must be made in writing and submitted to the PCPRD.

_____/_____
initials

Authorized Child Pick-Up: I understand that my child will not be released to any person that has not been designated on the program registration form as "authorized to pick up". I understand that additions to the "authorized to pick up" list must be made in writing to the PCPRD prior to the time this person is scheduled to pick up my child. I also understand that if an authorized person arrives to pick up my child and exhibits behavior as if under the influence of drugs or alcohol, PCPRD staff reserves the right to not release my child to that individual if staff believes my child could be placed in possible danger. The Sheriff's Office and/or Department of Children and Families may be contacted if another alternative is not reached.

_____/_____
initials

Permission to view Movies: The above referenced child has my permission to view G and PG movies.

_____/_____
initials

State Mandated Reporters of Child Abuse and Neglect: I understand that state law mandates PCPRD to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

_____/_____
initials

Lost/Stolen/Broken Objects: I understand that PCPRD, its staff, and partners will not be held responsible or liable for lost, stolen, and/or broken objects of my child at the program. I also understand that it is my responsibility to replace any such objects.

_____/_____/_____ initials

Authorization for Emergency Medical Attention: In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to the program staff or their representatives to transport the above mentioned child to the nearest emergency facility and/or to secure the intervention of medical personnel deemed to be necessary treatment including hospitalization. This treatment and emergency transportation (ambulance and/or life flight) will be my own financial responsibility.

_____/_____/_____ initials

Signature _____ Date _____

Please place a checkmark beside program(s) you are applying for:

Camp	Grade (Completed)	Dates	Location
Fun in the Sun Week 1	K-5	June 7-11	Community Center
Fun in the Sun Week 2	K-5	June 14-18	Community Center
Fun in the Sun Week 3	K-5	June 21-25	Community Center
Fun in the Sun Week 4	K-5	June 28-July 2	Community Center
Fun in the Sun Week 5	K-5	July 6-9	Community Center
Fun in the Sun Week 6	K-5	July 12-16	Community Center
Fun in the Sun Week 7	K-5	July 19-23	Community Center
Fun in the Sun Week 8	K-5	July 26-30	Community Center
Fun in the Sun Week 9	K-5	Aug 2-6	Community Center
Teen Adventure Camp Session 1	6th-9th	June 14-18	Aquatics Center
Teen Adventure Camp Session 2	6th-9th	July 12-16	Aquatics Center
Robotics Camp Session 1	6th-8th	June 28-July 2	Aquatics Center
Robotics Camp Session 2	6th-9th	July 26-30	Aquatics Center
Learn to Swim Level 1	Ages 6-15	Various 6/7-7/29	Aquatics Center
Learn to Swim Level 2	Ages 6-15	Various 6/7-7/29	Aquatics Center
Adult/Teen Level 1	Ages 16+	Various 6/7-7/29	Aquatics Center

CONSENT, RELEASE & WAIVER OF LIABILITY
(Read carefully before signing)

Participating Child: _____ (“Child”)

Parent/Legal Guardian: _____ (“Parent”)

As Parent or Legal Guardian of the above-named minor Child, I hereby give my consent for Child to participate in the above-described Program(s), which is a community-sponsored activity. In consideration of the City’s acceptance of Child into the Program and/or Child’s participation in the Program, and with the understanding that Child’s participation in the Program could result in **serious injury, death, and/or property loss or damage**, including, but not limited to, injuries caused by terrain, facilities or equipment; Child’s participation in sports, games or play; use of paint or other chemicals or materials; weather;

temperature; vehicular or pedestrian traffic; Child's physical abilities; actions or inactions of other people, including, but not limited to, other Children in the Program, City employees and/or contractors, or volunteers in the Program; I hereby **recognize and agree to assume all risks**, known or unknown, that might arise through Child's participation in Program, and on my own behalf, on behalf of Child, and all of Child's parents, guardians, next of kin, heirs, executors and representatives, successors and assigns, and/or survivors, **I release and forever hold harmless**, the Released Parties as defined below, from any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, known or unknown, arising out of or in any way connected with Child's participation in the Program. I further agree to indemnify and hold each of the Released Parties harmless against any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, including, but not limited to, all attorney's fees, costs and expenses, whether at the trial or appellate level, arising out of or in any way connected with Child's participation in the Program.

The Released Parties are the City of Palm Coast, its elected officials, officers, employees, agents, contractors, volunteers, successors and assigns. **I understand and agree that this Consent, Release & Waiver of Liability includes any claims based on the negligence, actions or inaction of any of the Released Parties**, and covers bodily injury, death and/or property damage or loss, whether suffered by me or by Child, before, during or after participation in the Program, including travel to or from the Program, whether by private transportation or City-provided transportation, or on account of any first aid, treatment or service.

I certify that my Child is physically fit, sufficiently trained and capable of participating in the Program, and has not been advised otherwise by a qualified medical person. I authorize medical treatment and services for myself and/or my Child, if the need arises, and I assume the responsibility and will fully indemnify the Released Parties for all medical and other costs incurred for such treatment and services.

In consideration of the willingness of the City of Palm Coast to permit my participation in the program(s) and to allow me access to the City's premises and property, I grant the released parties the right to photograph and/or videotape me and/or my Child and to use his or her or my face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation.

I acknowledge that the City of Palm Coast will not provide insurance coverage to me or to my Child for any bodily injury, death and/or property damage or loss, as a result of or arising out of child's participation in the program.

I will read a copy of the Parent Guide. It will be my responsibility to read the guide, to follow the regulations and procedures of the Program, and discuss the rules with my child. I understand that failure to comply with the rules of the Program could result in my Child's termination from the Program without any refund of any fees paid by me to the City of Palm Coast.

I certify that I have carefully read this Consent, Release & Waiver of Liability, understand its contents, and voluntarily sign below.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date signed: _____

[Please note that your child will NOT be able to start attending the program until you are contacted by Recreation and Parks.]

OFFICIAL USE: Submitted Date: _____ **Staff Initial:** _____ **Scan Date:** _____
Date of submittal and staff initials is required. Forward completed registration form to Recreation Supervisor



**COMMUNITY DEVELOPMENT BLOCK GRANT
PROGRAM RECREATIONAL SCHOLARSHIP STIPENDS**

Assistance for the City of Palm Coast Recreational Scholarship program was made possible through the Community Development Block Grant (CDBG) program which is funded by the U.S. Department of Housing and Urban Development (HUD). HUD requires the City to gather statistical data for informational purposes only. Providing the requested information is strictly voluntary. Please complete the form below.

1) Ethnicity: Hispanic or Latino Yes No

2) Race: Please check next to your Race (Participant):

<input type="checkbox"/>	White	<input type="checkbox"/>	Black African American & White	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	American Indian Or Alaskan Native	<input type="checkbox"/>	American Indian or Alaskan Native & Black
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>	American Indian or Alaskan Native & White
<input type="checkbox"/>	Other Multi Racial	<input type="checkbox"/>		<input type="checkbox"/>	

The Data above is captured for informational purposes only as required by the U.S. Department of Housing and Urban Development for the Community Development Block Grant (CDBG) program.