



Sanibel Recreation Center

YOUTH AFTER SCHOOL PROGRAM

Beginning Monday, August 12th

Monday - Friday from 2:10 - 5:00 p.m.

Open to children entering grades K - 8th

Trimester or full year registration available

Each registered child will receive a

complimentary one year membership



**Financial Assistance is available
for qualifying families.**

**For more information call (239) 472-0345
or visit www.mysanibel.com**



YOUTH PROGRAM REGISTRATION FORM

Please circle program registering for:

After School Holiday / Spring Camp

Summer Camp

Fun Day

CHILD LAST NAME,	FIRST NAME	D.O.B.	GENDER	ADDRESS
1.		/ /	M / F	
GRADE ENTERING IN CURRENT FALL		K 1 2 3 4 5 6 7 8		
2.		/ /	M / F	
GRADE ENTERING IN CURRENT FALL		K 1 2 3 4 5 6 7 8		
3.		/ /	M / F	
GRADE ENTERING IN CURRENT FALL		K 1 2 3 4 5 6 7 8		

PARENT/GUARDIAN #1					
LAST NAME,	FIRST NAME	D.O.B.	GENDER	ADDRESS	
1.		/ /	M / F		
Home ☎:	Cell Carrier:				
Work ☎:	Cell ☎:	Primary E-mail:			

PARENT/GUARDIAN #2					
LAST NAME,	FIRST NAME	D.O.B.	GENDER	ADDRESS	
1.		/ /	M / F		
Home ☎:	Cell Carrier:				
Work ☎:	Cell ☎:	Primary E-mail:			

CHILD MEDICAL CONCERNS: KNOWN ALLERGIES-MEDICATIONS-DISABILITIES

Please enroll my child(ren) in the City of Sanibel Recreation Program. In the event of inclement weather or emergency closings, I understand that I am responsible for the care and timely transportation of my child(ren) upon dismissal from the Recreation Program. I will notify the Recreation Staff of any changes in address, home or work phone and/or medical conditions of my child(ren). In the event of serious injury or illness of my child(ren), I give my permission to have the above named child(ren) transported by ambulance or other conveyance to a doctor or hospital if immediate attention is required. I will also assume responsibility of payment for the same. **INITIAL** _____

If I cannot be contacted I _____ (DO), or _____ (DO NOT) authorize an employee of the City of Sanibel to consent on my behalf to any medical or surgical treatment, doctor or hospital, and I will assume payment for such treatment. INITIAL _____
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I, intending to be legally bound, for myself and the above named child(ren), our heirs or executors, assigns, waive hold harmless, and forever discharge, any and all rights and claims for damages, which we have or may here after accrue to us against the City of Sanibel, its agents or employees, for any and all damages that might be sustained or suffered by the above named child(ren) in any way connected with the Recreation Program. INITIAL _____
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Signature Parent/ Guardian: _____ Date: _____



DISCIPLINE POLICY

All disciplinary action is subject to the discretion of the Recreation Staff and administration. Failure to comply with current program rules and policies could result in partial or indefinite removal from activities, depending on severity of infraction.

GUIDELINE FOR GENERAL MISCONDUCT AS FOLLOWS:

- 1st Offense of the Day: Participant must sit out for 5-10 minutes
- 2nd Offense of the Day: Participant must sit out for 10-15 minutes
- 3rd Offense of the Day: Participant must sit out for 15-20 minutes

PROGRAM RULES

- ☐ Participants are not permitted to leave the Recreation Center without proper check out and must be with authorized parent or guardian upon exit
- ☐ Proper closed-toe, non-black soled (gym) footwear must be worn at all times except in pool area
- ☐ Fighting is prohibited
- ☐ Spitting is prohibited
- ☐ Phone calls are limited to emergencies and necessities
- ☐ Offices are limited to staff unless otherwise deemed necessary
- ☐ Restrooms are for their intended purposes only
- ☐ Inappropriate language is prohibited
- ☐ Harassment/ bullying of another participant is prohibited
- ☐ Pool rules must be obeyed at all times when applicable
- ☐ Disrespectful behavior toward staff or others is prohibited
- ☐ Theft is prohibited
- ☐ Vandalism is prohibited
- ☐ Unbecoming or improper conduct is prohibited
- ☐ Participants must wear seatbelts on field trips

After three offenses in a one day period, or excessive offenses within any one week period, a written discipline note may be issued. Written discipline notes may be sent home as an advisory notice, or to inform parents of a suspension or indefinite removal from the program. All written discipline notes should be signed and returned by parent/guardian on next available day of attendance by child.

IMMEDIATE SUSPENSION MAY APPLY ON THE FOLLOWING OFFENSES:

- ☐ Physical harm or fighting
- ☐ Vandalism
- ☐ Theft
- ☐ Extreme disrespectful behavior

CELL PHONE USE AND ELECTRONIC DEVICES

Cell phones and electronic devices which have internet capabilities and, or recording/photographic technology are expected to remain stowed away within campers personal belongings throughout the day. These forms of electronics should only be used on a limited basis for parent contact if necessary. These devices will not be permitted for use as an alternate form of entertainment during camp. Prolonged or excessive use of these items will result in the temporary confiscation of the device until dismissal time.

*Refunds will not be issued for program days or weeks missed due to disciplinary action. Discipline is cumulative throughout the calendar school year. Cumulative offenses include Fun Days and or Holiday programs and will count toward After School accruals. Summer program discipline is accrued separately within summer program only.

Signature Parent/Guardian: _____ Date: _____



GENERAL PARENT/GUARDIAN INFORMATION

GENERAL PROGRAM HOURS

(See hours for your selected program below)

After School Camp: Monday through Friday, 2:10 p.m. – 5 p.m., when school is in session.

Summer Camp: Monday through Friday, 8 a.m. - 5 p.m.

Fun Days, Winter and Spring Camp: Days based on annual school calendar, 8 a.m. - 5 p.m.

Check Out Procedure

All parent/guardians must sign out children in Procure System. Children are not permitted to leave property, or be signed out by any person other than those designated unless prior written consent from the legal parent or guardian has been authorized. Authorized pick up persons must be 18 years or over. Please have your child picked up by 5:30 p.m. Severe weather or circumstances beyond Recreation Staff control could require early pick up arrangements to be made by parents.

Heat and Sun

Parents should supply sunscreen and educate their children on its use. Staff will remind kids regularly about reapplying sunscreen. Multiple applications throughout the day are advised. During summer months, please send plenty of drinks for your child. Drinking fountains and bottled water vending machines are available on site. Refillable water bottles are recommended. Swimsuit, towel and sunscreen may be required daily depending on program.

Personal Items

Personal items are the responsibility of the participant. Recreation Staff cannot guarantee the security of electronics games, jewelry, money, clothing, etc.

Food

There is no refrigeration or microwave available for campers. Bottled water vending machines and drinking fountains are available on site.

Medical Info

Please make the Recreation Staff aware of any special needs, medical conditions, handicaps, or medications that may be applicable during your child(ren)'s visit. There is a location for this info on the main registration form.

Toilet Training

Children must be toilet trained and able to independently use restroom facilities.

Lost and Found

Items will be held for one week and are located in the plastic bin in the lobby.

Financial Assistance

Financial assistance is available on a sliding fee scale. All applicants will be reviewed by the financial assistance committee for approval. Students may participate until final approval is obtained by the committee and will need to complete the registration packet with parent contact numbers and permission waivers. A member of the Recreation Staff will contact you on the status of your request. Please make sure all required paperwork is attached to your financial assistance forms upon submittal. All financial assistance information is confidential.

Signature Parent/Guardian: _____ Date: _____



MEDICATION / ILLNESS POLICY

MEDICATION IN GENERAL

The Sanibel Recreation Department cannot administer any form of medication to campers during their visit. This also includes any medication used to reduce symptoms of a fever, allergies or allergic reactions, use of Benadryl, or any medicine used to treat stings or insect bites along with hydrogen peroxide or alcohol based disinfecting agents.

OVER THE COUNTER MEDICATION

*Over the counter medications such as aspirin, ibuprofen, and or cough medicine can be administered with written permission from the child(ren)'s **parent and physician**.* Participants taking prescribed medications for prolonged weeks or months should have meds administered prior to arrival at the Recreation Program, or through proper school channels before dismissal at school if applicable. Any medication to be administered by Recreation Staff must have the following:

- ☐ Be presented in its original container and sealed tightly
- ☐ Have a label with the child's name
- ☐ Have an up to date expiration on container
- ☐ Have listed with meds, time, days and dose to be given
- ☐ Family physicians name and phone number attached

FEVER AND SYMPTOMS

Please **DO NOT** send your child(ren) to Recreation Programs if he / she is, or has within the last 24 hours, been awaiting test results for Strep throat, other communicable disease, lice **or is displaying any of the following symptoms:**

- ☐ Fever (100 degrees or higher)
- ☐ Nausea or vomiting
- ☐ Diarrhea
- ☐ Severe asthma or allergies
- ☐ Contagious skin or eye infection
- ☐ Colored discharge from nose indicating infection
- ☐ Not feeling well / lethargic behavior / increased crying or irritability

For the protection of the rest of the campers at the Recreation Programs, a staff member will contact you immediately if your child is displaying any of the above mentioned symptoms. Children with symptoms will be removed from group activities and pick up will be expected within 30 minutes of parent or guardian notification.

Signature Parent/ Guardian: _____ Date: _____



FIELD TRIP CONSENT WAIVER

Day camp travel itineraries may, or may not apply to all programs offered throughout the calendar year. After-School, Holiday, and Fun Day program travel days will be determined by staff, and may require minimal money for locally discounted treats. Summer program travel days are pre-scheduled weekly trips to on-island and off-island destinations. Most costs are included in camp registration. Transportation is provided via official City vehicles or authorized charter transportation. Local trips may include but are not limited to:



Local Beaches
Periwinkle Park Zoo
On Island Historical Sites
SCCF
Ding Darling
CROW
Lighthouse Fishing Pier
Community Park Playground
7-11 Slurpee Days
Dairy Queen Treat Days
Joey's Custard
Sanibel Library



Child(ren)'s name: _____

I, intending to be legally bound, for myself and the above named child(ren), our heirs or executors, assigns, waive hold harmless, and forever discharge, any and all rights and claims for damages, which we have or may here after accrue to us against the City of Sanibel, its agents or employees, for any and all damages that might be sustained or suffered by the above named child(ren) in any way connected with the Recreation Program.

Signature Parent/Guardian: _____ **Date:** _____

MOVIE WAIVER

Only movies with a "G" or "PG" rating will be shown during Youth Programs.

PARENT INITIAL: _____



PHOTO RELEASE FORM

(PERMISSION TO USE PHOTOGRAPHS)

For valuable consideration, acknowledged to be received and sufficient, I hereby grant to the City of Sanibel, its agents, officials, representatives and employees, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, or my property, for editorial, trade, advertising and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release the City of Sanibel, its agents, officials, representatives and employees, from all claims and liability relating to said photographs.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 20__.

Witness #1 Signature
Guardian

Signature (If Minor, Signature of Parent or Guardian)

Witness #1 Printed Name

Parent/Guardian Printed Name

Witness #2 Signature

Child(ren) Printed Name

Witness#2 Printed Name

Address



PICK UP POLICY

The youth programs conclude at 5 p.m. This is when all organized programming has ended for the day. There is a 30 minute grace period for pick up until 5:30 p.m. to assist working families that need additional time to pick up their children. ***If pick ups cannot be made by the 5:30 p.m. grace period, we ask that families make alternate arrangements with other preauthorized (see below) friends or family members to assist.*** Please contact the Recreation Department if you know you are going to be later than the grace period time limit. Please have your secondary plan for pick up prepared if needed. **Please make sure your alternate pick up person is at least 18 years of age and has a valid photo ID at the time of pick up.** After three pick up warnings your child(ren) is subject to a non-refundable indefinite removal from the Recreation Program. The Recreation Staff is **not** permitted to provide phone numbers, organize car pools or ride sharing in any capacity.

NOTE: *It is standard industry practice to charge a fee for participants who are picked up after program hours in order to cover the cost of staffing. Therefore, a late fee of \$5.00 is charged for any youth program participant picked up after 5:35 p.m. An additional \$5.00 fee will be charged for every ten minutes thereafter.*

The Sanibel Recreation Center is **not able to accept** alternate child pick up arrangements over the phone. All additional individuals picking up registered participants must be listed below for official check out. Parents that are requesting additional pick up individuals be added to their registration form must have prior written consent via one of the following:

- * Adding additional pick up names to this form in advance of pick up day.
- * A written note signed by the parent/guardian giving permission for alternate individual to pick up.
- * Emailed permission note signed by parent/guardian sent to us at kayla.schuneman@mysanibel.com.

PLEASE ADD ANY ADDITIONAL AUTHORIZED FRIENDS OR FAMILY MEMBERS FOR PICK UP IN THE BOXES BELOW:

LAST NAME,	FIRST NAME	RELATIONSHIP	ADDRESS
1.			
Cell ☎:	Cell Carrier:		
2.			
Cell ☎:	Cell Carrier:		
3.			
Cell ☎:	Cell Carrier:		
4.			
Cell ☎:	Cell Carrier:		

Signature Parent/ Guardian: _____ Date: _____

ATTENTION 7TH AND 8TH GRADE PARENTS ONLY!

Independent check out authorization for 7th and 8th grade students
Please check the appropriate box below

☐ I DO ☐ I DO NOT

Hereby grant my 7th or 8th grade student: _____, permission to independently sign out of the after school and/or summer program at the Recreation Center without a parent or guardian present.

Signature Parent/ Guardian: _____ Date: _____



CITY OF SANIBEL SKATE AREA RELEASE FORM

FOR PRE-REGISTERED PROGRAM USE DURING SUMMER AND AFTER SCHOOL PROGRAMS
(THIRD GRADE AND UP ONLY)
(Print all information except signatures)

Skater's Name:	Phone:	DOB:
Address:		
City:	State:	Zip:
Mother's Name:	Phone/Cell:	
Father's Name:	Phone/Cell:	
Guardian's Name:	Phone/Cell:	

I give permission to be transported, if determined necessary or advisable, to the nearest medical facility for treatment: Yes ☐ No ☐

Emergency Contact Name: _____ Phone: _____

As parent or guardian of _____ (Rider's Name) I do hereby give my permission for him/her to participate in this activity, acknowledging that this activity does have risks and dangers which could cause injury. I also understand that the City of Sanibel has designated this area in accordance with Section 316.0085, Florida Statutes, specifically for activities of this type. I understand that Section 316.0085, Florida Statutes, limits government liability for skate park facilities. All participants shall adhere to all posted rules and regulations and only use this facility during the hours of operation. I understand that if _____ (Rider's Name) violates any of the rules and regulations, he/she will not be able to use the facilities.

Furthermore, in consideration of the above-named skater's use of the City facility, I do hereby agree to indemnify, release and hold harmless the City of Sanibel and the Lee County School District, its employees or volunteers from any claims or liabilities resulting from any activities or injuries incurred by _____ (Rider's Name) while at this facility.

I acknowledge that I have received, read and fully understand the attached City of Sanibel Skate Area Rules and Regulations.

Signature of Rider

Date

Signature of Parent or Guardian

Date



CITY OF SANIBEL SKATE AREA RULES AND REGULATIONS

- ☐ In case of an emergency call 911
- ☐ Skating/skateboarding is at your own risk.
- ☐ This Park operates under the provisions of Section 316.0085, Florida Statutes.
- ☐ All skaters/skateboarders must have completed a release form and provide their own skating equipment.
- ☐ A helmet is mandatory at all times while skating at this facility. Additional safety related equipment is highly recommended.
- ☐ Prior to use anyone 17 years of age or under must obtain written consent from their Parent or Legal Guardian as provided on the Release Form in his/her name.
- ☐ Closed-toe non-slick shoes are required.
- ☐ Any person found in the skate area without a completed release form or after hours will be considered trespassing and subject to laws governing trespassing.
- ☐ The park will be closed during inclement weather and any other times determined necessary by the City.
- ☐ Any and all types of bikes prohibited in the fenced area.
- ☐ No food, beverages or smoking allowed in the fenced area.
- ☐ No destroying or defacing public property.
- ☐ Recklessness, horseplay, foul language, not listening to a facility monitor or any inappropriate behavior will not be tolerated.
- ☐ In the event of an emergency or injury, all skaters/skateboarders must discontinue all activities until further directed by City staff.
- ☐ City staff reserves the right to limit the number of skaters/skateboarders using the facility to prevent overcrowding.
- ☐ In case of an emergency call 911
- ☐ Member and non-member rates will apply for admission to the skate area.

Infractions of the above rules may result in the loss of skaters/skateboarders privileges.

Rider Initials: _____

Parent / Guardian Initials: _____