

**UCP OF CENTRAL FLORIDA
EXCELLENT SUMMER ADVENTURE APPLICATION**

APPLICANT (CHILD) INFORMATION		
First Name:	Last Name:	M.I.:
D.O.B.:	Sex:	Race:
Street Address:		Apt/Unit:
City:	State:	Zip:
Phone:	What Grade is Participant Entering:	
Participant's Shirt Size: <input type="checkbox"/> Child's M (10-12) <input type="checkbox"/> Child's L (14-16) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		

PARENT/GUARDIAN INFORMATION		
First & Last Name:	Relationship to Participant:	
Street Address:	Apt/Unit:	
City:	State:	Zip:
Primary Phone Number:	Email:	
Are you a City of Orlando Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Note:
Falsifying registration information by either claiming city residency or falsifying the grade the camper will enter will immediately result in denial of registration. A copy of the primary contact parent/legal guardian's driver's license is required with each registration claiming city residency. (Florida identification card, utility bill, rental/lease agreement and mortgage documents are also accepted forms of proof of residency.)

What sessions will your child be attending? Check all that apply.

SESSION	DATES	WEEKLY TUITION			LUNCH		WILL ATTEND	DATE PAID	AMOUNT
		NON-RESIDENT	RESIDENT	FREE	REDUCED	FREE			
1	June 8 - June 12	\$50	\$40	\$0	\$5	\$0			
2	June 14 - June 19	\$50	\$40	\$0	\$5	\$0			
3	June 22 - June 26	\$50	\$40	\$0	\$5	\$0			
4	June 29 - July 3	\$50	\$40	\$0	\$5	\$0			
5	July 6 - July 10	\$50	\$40	\$0	\$5	\$0			
6	July 13 - July 17	\$50	\$40	\$0	\$5	\$0			
7	July 20 - July 24	\$50	\$40	\$0	\$5	\$0			
8	July 27 - July 31	\$50	\$40	\$0	\$5	\$0			
9	Aug. 3 - Aug. 7	\$50	\$40	\$0	\$5	\$0			
10	Aug. 10 - Aug. 14	\$50	\$40	\$0	\$5	\$0			
11	Aug. 17 - Aug 21	\$50	\$40	\$0	\$5	\$0			
Total									
Extra Fees:		T-Shirt (5.33 each)			How Many?				

What time will you be dropping off your child? _____ **Picking up your child?** _____

Preferred Payment Method: Cash Check MasterCard Visa Reduced Free

RESIDENT RATE & CAMPER REQUIREMENTS

To qualify for the City of Orlando Resident rate, the individual wishing to personally enroll themselves, or their child, in a program offered by UCP of Central Florida on behalf of the City of Orlando Families, Parks & Recreation Department must reside within the incorporated City of Orlando limits. Please note, an Orlando mailing address does not necessarily mean that you reside within the actual City limits. Payment guarantees a spot for your child and must be made in the form of cash, credit card, check or money order made payable to UCP of Central Florida.

UCP of Central Florida is pleased to offer UCP'S Excellent Summer Adventure. In order for this program to safely operate, campers must be able to do the following:

- Toileting themselves unassisted
- Eat lunch and snacks with minimal assistance
- Capable of participating in group recreational activities
- Able to function in a group structure and able to follow basic instructions
- Change into and out of bathing suit with minimal assistance

RECREATION HEALTH AND SAFETY INFORMATION FORM

Camper's Name: _____ Camper's Age _____

1. List any limitations, prohibited activities and/or any other important information regarding the health of you or your child.

2. Does the camper require any adaptive equipment for the program? Yes No _____
If yes, please explain. _____

3. Does the camper have any medical issues including allergies? Yes No
If yes, please explain. _____

4. Does camper have any physical or mental impairments? Yes No
If yes, please explain. _____

5. Does camper have or has the camper had seizures? Yes No
Type of seizure _____ Frequency _____

6. Does participant have any food allergies? Yes No
If yes, please explain. _____

7. Please list any medications presently being taken by the camper. Parent/Guardian must provide a doctor's statement as to medication, dosage and time to administer. Please Note: It is imperative that UCP of Central Florida staff be notified if your child begins a new medication or stops taking a medication while attending UCP's Excellent Summer Adventure.

Medication _____ for _____ Dosage _____ Time _____

Medication _____ for _____ Dosage _____ Time _____

8. List situations/activities that may cause your child to react in a negative manner.

HOLD HARMLESS AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING:

In consideration of the acceptance of my child or ward to participate in the activities sponsored by UCP of Central Florida, I agree on behalf of myself and my child or ward, to assume the risks incidental to participation (which risks include, but not limited to; physical injury, emotional injury or death) and, on my own behalf and behalf of my child or ward and behalf of any other parents or guardians of my child, and my child's or ward's heirs, executors and administrators, I agree to release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of my child or ward in such activities, and further agree to indemnify and hold each released parties harmless against any and all liabilities, claims, actions, damages, costs, or expenses including, but not limited to attorney's fees and attorney's fee on appeal. The released parties are UCP of Central Florida, City of Orlando and Orange County Public School employees, volunteers, agents, representatives, successors and assigns. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property loss or damage, where suffered by me or my child or ward before during or after such participation. I declare that my child is physically fit and has the skill level required to participate in these activities. I further authorize medical treatment and related transportation for said child or ward, at my cost, if the need arises. Furthermore, I hereby grant UCP to transport my child/ward for requested field trips.

This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and Orange County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction.) I certify that I am 18 years of age and that I also have the authority to do so on behalf of the child or ward's other parents or guardians.

Camper's Printed Name

Date

Parent/Guardian's Printed Name

Parent's/Guardian's Signature

UCP of Central Florida occasionally shows movies during program hours. Campers who elect to not participate in this activity will have the opportunity to participate in separate activities. All movies, regardless of rating, will be chosen with careful consideration.

___ I hereby give permission for my child to watch PG rated movies.

___ I hereby give permission for my child to watch PG13 rated movies.

___ I hereby do not give permission for my child to watch PG or PG13 rated movies

PHOTO RELEASE

I grant UCP of Central Florida the right to photograph and/or videotape me and my child and further, I grant UCP of Central Florida permission to use said name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials by UCP of Central Florida without reservation or limitation.

Parent/Legal Guardian Signature

Date

AUTHORIZATION FOR PICK UP

Picking up your child on time is an important part of any program sponsored by UCP of Central Florida. For the protection of your children the following guidelines will be adhered to: Only persons with written authorization below may pick participants up from the complex. UCP of Central Florida will be notified of any change in routine or attendance. Do not phone the complex to give authorization for pick up; it must be in writing signed by the participant's parent or legal guardian. The staff will request identification of those with whom they are unfamiliar and will check authorization. If there has been a court order forbidding a particular individual from picking up or having contact with a child a notarized copy of the letter of injunction is required and must be on file at the location where the child is registered to be considered actionable.

I hereby authorize the following individual(s) to pick up my child from UCP of Central Florida's Excellent Summer Adventure in which my child is registered.

First & Last Name	Phone Number
First & Last Name	Phone Number
First & Last Name	Phone Number
First & Last Name	Phone Number
First & Last Name	Phone Number

Parent's/Guardian's Signature

Date

WALKERS

Walkers or bike riders may not leave the complex until 5:30 p.m. without prior written consent from their parents. If you would like to give your child permission to leave UCP Excellent Summer Adventure on foot or bike prior to 5:30 p.m. please sign below.

I hereby give permission for my child, _____, to leave UCP Excellent Summer Adventure at _____ a.m./p.m. (please circle one).

Parent's/Guardian's Signature

Date

LATE PICK UP POLICY

The following information refers to the late pick-up policy established by UCP of Central Florida; the first late pick-up will result in a verbal explanation of the policy to you and the person authorized to pick up your child. This occurrence will be documented with time and date. The second late pick-up will result in a \$1.00 per minute late-fee. The fee is calculated from the scheduled end of the program until the time of the pick-up. Pick-up after 5:30 p.m. will begin accrual of the fee. This charge will continue to be enforced for each child every minute after 5:30 p.m. The second occurrence will also be documented with time and date. A second infraction will be documented and the parent/guardian informed that a third late pick-up may result in the removal of the child from the program.

First: _____
DATE/TIME/INITIAL

Second: _____
DATE/TIME/INITIAL

Third: _____
DATE/TIME/INITIAL

DISCIPLINE INFORMATION

We strive to make our recreational program a wonderful experience. We have a caring and competent staff that will treat you and your child with dignity and respect. Please note, however that we are not able to provide one-on-one supervision for your child during activities. There are some basic types of discipline that UCP OF CENTRAL FLORIDA considers appropriate in dealing with poor behavior. UCP of Central Florida administers this discipline through progressive consequences, which are documented on disciplinary reports, unless the infraction is to such a degree that immediate steps are necessary. Progressive consequences will be applied to disciplinary infractions, including but not limited to breaking the rules and regulations of the complex, disrespect of other participants or staff , disruptive behavior or verbal abusiveness, fighting, biting, fighting with an object being used as a weapon, vandalism, or engage in behavior that violates the health, safety, or hygiene of self or others.

DISCIPLINE POLICY

If a child founding breaking the rules and regulations of the complex, their behavior will result in time outs or privileges taken away such as: (game room, fi eld trip, swimming) depending on the severity of the behavioral problem. Time outs will be utilized for disruptive situations. Generally, time outs should average one minute per year of age. Under no circumstances will a time out exceed 30 minutes. When serving time out, the child will stay with their group, but away from the center of the activity. The third form of discipline will result in taking privileges away (see list above). In the event that your child has a behavioral problem, a disciplinary report will be recorded and fi led with UCP OF CENTRAL FLORIDA. The original will presented to you when you pick up your child. A copy of the discipline report may be requested, only after all signatures are complete on the form. UCP OF CENTRAL FLORIDA staff encourages discussion regarding poor behavior as soon as possible. Staff will discuss the problem with you, and either a report will be sent home with the child, or you will be asked to come by the complex to sign the report. The safety and health of each individual is the highest standard to the UCP OF CENTRAL FLORIDA. We understand that certain changes in routine, medications and home environment can occasionally cause behavioral problems. However, participants who fi ght, bite another participant or staff member, and fi ght with an object being used as a weapon or vandalize our facilities, if one of these serious off enses occurs the following progressive disciplinary action will apply: After the fi rst incident, the parent or guardian will be contacted and asked to pick the child up immediately. If a second incident occurs the child will be suspended from the program for two days. The third occurrence is cause for expulsion from our recreational programs. An incident report documenting off ense will be fi lled out and kept on fi le at the Complex. UCP OF CENTRAL FLORIDA has the right to suspend or dismiss your child from the program if he/she does not respond to progressive discipline for a serious off ense that threatens the health or safety of the child or other participants or staff.

1. Are there any situations that may prompt an inappropriate behavior? Yes No

If yes, please explain. _____

2. Does participant currently exhibit inappropriate activity? Yes No

If yes, please explain. _____

3. Are there any strategies, plans, or reinforcers that may help minimize inappropriate behaviors?

Yes No

If yes, please explain. _____

By signing below, you acknowledge that you have read and agree to UCP of Central Florida's discipline policy.

Parent's/Guardian's Signature

Date

INITIAL EMERGENCY CONTACT INFORMATION

In case of an emergency, the following individual will be notified if the primary parent contact/legal guardian cannot be contacted.

_____	_____	_____
Last Name	First Name	Relationship to Camper
_____	_____	_____
Home Phone	Cell Phone	Business Phone

SECONDARY CONTACTS

The following individuals will be notified, in case of an emergency, if the primary parent contact/legal guardian as well as the initial emergency contact cannot be contacted.

Contact 1

_____	_____	_____
Last Name	First Name	Relationship to Camper
_____	_____	_____
Home Phone	Cell Phone	Business Phone

Contact 2

_____	_____	_____
Last Name	First Name	Relationship to Camper
_____	_____	_____
Home Phone	Cell Phone	Business Phone

Contact 3

_____	_____	_____
Last Name	First Name	Relationship to Camper
_____	_____	_____
Home Phone	Cell Phone	Business Phone

Contact 4

_____	_____	_____
Last Name	First Name	Relationship to Camper
_____	_____	_____
Home Phone	Cell Phone	Business Phone