



**CITY OF SEMINOLE**  
**HOLLAND G. MANGUM RECREATION COMPLEX**  
**CHILD'S IDENTIFICATION RECORD**

GRADE COMPLETED: \_\_\_\_\_

- Resident  
 Non-Resident

SIBLING(S) ENROLLING (Y/N): \_\_\_\_\_

Explorers  
(Completed K-1<sup>st</sup>)

Scouts  
(Completed 2<sup>nd</sup>-3<sup>rd</sup>)

Rangers  
(Completed 3<sup>rd</sup>-4<sup>th</sup>)

Trailblazers  
(Completed 4<sup>th</sup>-5<sup>th</sup>)

**Must enroll in a minimum of four (4) weeks**

<b>Pre-Camp Day:</b> May 29	(__)	Week 6: July 6 – July 10	(__)
Week 1: June 1 – June 5	(__)	Week 7: July 13 – July 17	(__)
Week 2: June 8 – June 12	(__)	Week 8: July 20 – July 24	(__)
Week 3: June 15 – June 19	(__)	Week 9: July 27 – July 31	(__)
Week 4: June 22 – June 26	(__)	Week 10: August 3 – August 7	(__)
Week 5: June 29 – July 3	(__)	<b>Post-Camp Day:</b> August 10	(__)

Child's Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

T-SHIRT SIZE    YS \_\_\_\_\_    YM \_\_\_\_\_    YL \_\_\_\_\_    AS \_\_\_\_\_    AM \_\_\_\_\_    AL \_\_\_\_\_    AXL \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Child's Address \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Mother's/Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (If Different from Above) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's/Guardian's E- Mail \_\_\_\_\_

**Father's/Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (If Different from Above) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's/Guardian's E- Mail \_\_\_\_\_

Sibling(s) enrolling in camp: \_\_\_\_\_

**PEOPLE PERMITTED TO PICK-UP CHILD FROM SITE (OTHER THAN PARENTS LISTED ABOVE)**

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

LIST THOSE NOT PERMITTED TO PICK UP CHILD FROM SITE

## CHILD'S MEDICAL RECORD

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Are there any behavioral/emotional needs or physical limitations staff should be aware of to best care for your child?

\_\_\_\_\_  
\_\_\_\_\_

### FIELD TRIP CONSENT

I hereby grant permission for \_\_\_\_\_ to participate in recreational activities and weekly field trips as part of the Seminole Recreation Center's Summer Camp Program.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### SIGN-IN/SIGN-OUT PROCEDURES

I understand that I am required to sign in my child each day and MUST SIGN THEM OUT WITH THE PROPER IDENTIFICATION at camp each day and understand that this policy is strictly enforced.

### LATE FEE POLICY

Parents will receive a verbal warning for the first late pick up of their child. If late pickups continue, parents will be charged \$1.00 for every minute the child is left at the Seminole Recreation Center after the pick-up time.

### PHOTO CONSENT AND RELEASE

I hereby authorize the City of Seminole to take photographs of my child(ren) and use these images in the promotion and marketing of the City of Seminole Recreation Center's programs, which may include media coverage and/or viewing by the general public. By signing below, I give my legal authorization for the City of Seminole to use photos and video of my child(ren).

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN (Please Print)

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN (Signature)

\_\_\_\_\_  
DATE

### CODE OF CONDUCT

Our goal is to offer a safe and enriching experience for all camp participants. To do this, reasonable rules and regulations are essential to ensure the safety of each child so they may enjoy the experience of camp. Staff is instructed to take a strong stand against negative behavior of any camper in the program. Please remember that your child's negative behavior affects the positive experience of all campers. Disciplinary measures will be taken when necessary. ***Refunds are NOT given if a child is suspended or expelled.***

**NOTICE TO PARTICIPANTS/PARENTS/GUARDIANS**

I, the parent, personally and individually and as legal guardian on behalf of the minor child named on the Child ID Form, do hereby understand and assume all risks and hazards incidental to unsupervised travel to and from the Seminole Recreation Center and my child's participation in the activities, use of the equipment and facilities of the City of Seminole do hereby waive, release, discharge and covenant not to sue the City of Seminole, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind to the person, or property resulting in the death of the person or persons participating in the activities, arising directly or indirectly out of or in connection with any negligent act or omission of the minor, parent as legal guardian, and the parent, personally and individually, their personal representatives and assigns.

Parent, personally and individually, and as legal guardian of the minor do hereby understand and assume any and all risks and hazards incidental to participation in the activities, use of the equipment and facilities of the City of Seminole and do hereby agree to defend, hold harmless and indemnify the City of Seminole, its agents and employees from any and all liability, loss or damage, including, but not limited to bodily injury, illness, death or property damage which the City of Seminole, its agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments, against the City of Seminole, its agents and employees on account of injury to any person or property resulting in death of the person or persons while using the municipal facility for the purpose described herein.

**NOTICE REQUIRED BY F.S. §744.301 TO THE MINOR'S NATURAL GUARDIAN (S).** READ THIS AGREEMENT COMPLETELY AND CAREFULLY. I AM AGREEING TO LET MY MINOR CHILD ENGAGE IN POTENTIALLY DANGEROUS ACTIVITY. I AM AGREEING THAT, EVEN IF RELEASES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS AGREEMENT I AM GIVING UP MY CHILD'S RIGHT AND MY RIGHT TO RECOVER FROM RELEASES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO MY CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. I HAVE THE RIGHT TO REFUSE TO SIGN THIS AGREEMENT, AND THE CITY HAS THE RIGHT TO REFUSE TO LET MY CHILD PARTICIPATE IF I DO NOT SIGN THIS AGREEMENT.

I have read and voluntarily sign this Agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I hereby agree that I am the natural guardian(s) or legal guardian(s) of the Minor and that I am fully competent and legally able to execute this Agreement on behalf of the Minor with the intent to bind both myself and the Minor by the terms hereof.

Should any paragraph or portion of any paragraph of this Agreement be rendered void, invalid or unenforceable by any court of law for any reason, such determination shall not render void, invalid or unenforceable any other paragraph or portion of this Agreement.

**THIS RELEASE, WAIVER, HOLD HARMLESS AND INDEMNITY AGREEMENT MUST BE SIGNED BEFORE THE MINOR MAY ATTEND THE PROGRAM.**

**BY SIGNING THIS AGREEMENT YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU MUST READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.**

IN WITNESS WHEREOF, the undersigned has caused this Agreement to be executed this day of \_\_\_\_\_, 2026

BY: NATURAL GUARDIAN OR LEGAL GUARDIAN OF MINOR (with legal authority to execute this Agreement on behalf of the Minor if the participant is under 18.)

(Sign) \_\_\_\_\_

(print) (Date) \_\_\_\_\_

BY: **PARENT**, PERSONALLY AND INDIVIDUALLY

(Sign) \_\_\_\_\_

(Print) \_\_\_\_\_ (Date) \_\_\_\_\_