

**Bartram Springs Community Development District (BSCDD)  
Summer Camp Bartram Springs 2019 Registration Form**

**NOTE TO STAFF:** This form may contain confidential and/or exempt information. Please do not disclose its contents without first consulting the District Manager.

**PRIVACY NOTICE:** Under Florida's Public Records Law, Chapter 119, Florida Statutes, some or all of the information you submit on this form may become part of a public record. This means that if a citizen makes a public records request, we may be required to disclose parts or all of the information you submit to us.

*To register for this camp, please complete this form and return it to the Bartram Springs Clubhouse. Returning the completed form with payment secures a spot for your child at the Spring Break Camp. Please use a separate form for each child. Please print. This form may be photocopied.*

Child's Name \_\_\_\_\_ Registration Date \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ (Must be 5 years of age by the first day of camp) Gender \_\_\_\_\_

**Parent Information: Mother**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Day time Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Father**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Day time Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Person Permitted to Remove Child:**

Mother(s)  Y  N and/or Father(s)  Y  N

Additional (see attached)  Y  N

**Legal Custody:**

\_\_\_\_\_ Only  Both Parents

Legal Guardian \_\_\_\_\_

**Emergency Information**

Person(s) to be contacted and authorized to remove the child identified herein from the Bartram Springs facility in the event of illness, accident or emergency, if parent(s) or guardian cannot be reached. **Identification will be required.**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Medication Taken \_\_\_\_\_

Known Allergies (Please include **ALL** food allergies) \_\_\_\_\_

Other important medical information \_\_\_\_\_

Please list any physical limitations/medical conditions that we should be aware of?  
\_\_\_\_\_

Do you approve a Bartram Springs Staff member to apply sunscreen if needed? Yes/NO (circle) (if yes, please complete the sunscreen application permission form)

**PRIVACY NOTICE:** Pursuant to Section 119.071, Florida Statutes, information that would identify or locate a child, a parent or a guardian of a child who participate in a government-sponsored recreation program may be withheld from public records disclosure.

The information on this registration form is true and correct, and the person herein described has my permission to participate in all camp activities. If he/she appears ill, I will not send him/her to the camp program. By signing below I acknowledge I have received, read, and agree to adhere to the Parent Pickup Authorization Form, Behavior Policy, Indemnification/Waiver and Release of all Claims, Authorization for Medication and Permission to Watch PG Movies Forms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

All registrants must be paid in full upon registration. All payments are final, refunds will not be given. If a week or day switch is needed, it must be submitted in writing and turned into Shannon O'Brien or Laura Blanton. We cannot guarantee that we can accommodate every change, but we will do our very best to try.

Pre-register by May 1, 2019 for a weekly discounted rate of \$175.00.

May 1<sup>st</sup> through the rest of summer will be a weekly rate of \$185.00.

\$45.00 per day if single days are needed.

Week	Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Amount Paid	Check/Cash/CC	Staff Initials
1	June 3-7								
2	June 10-14								
3	June 17-21								
4	June 24-28								
5	July 1-3								
6	July 8-12								
7	July 15-19								
8	July 22-26								
9	July 29-Aug. 2								
10	August 5-8								

**Camp Dates:**

**June 3-August 8, 2019**

**Camp hours: 7:45am-5:45pm**

**Late pick up: 5:45pm-6:15pm**

LATE PICK UP 5:45pm-6:15pm (\$5.00 PER DAY)

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_

**BARTRAM SPRINGS COMMUNITY  
INDEMNIFICATION, WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in registering your minor child for participation in the above-referenced Summer Camp 2019, you will be waiving and releasing all claims for injuries and illnesses your child might sustain arising out of or related to the above activities and program, including, without limitation, transportation services, when provided.

I recognize and acknowledge that Bartram Springs assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating in Bartram Springs activities or programs, I waive and relinquish any and all claims my child may have against Bartram Springs, and its officers, directors, partners, agents, employees, supervisors, staff and members as a result of participating in any of the above program(s). I hereby fully release and discharge Bartram Springs and its officers, directors, partners, agents, employees, supervisors, staff and members from any and all claims from injuries, damage(s), or loss which may have or which may accrue to my child on account of the participation of my child in any of the above program(s). I further agree to indemnify, hold harmless and defend Bartram Springs and its officers, directors, partners, agents, employees, supervisors, staff and members from any and all claims for negligence, personal injury, wrongful death, property damage, attorneys' fees, paralegal fees, expert witness fees, litigation costs or money damages, arising out of or in any way related whatsoever to the activities and programs in which my minor child(ren) listed in the registration form are engaged.

I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the Bartram Springs' s sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While Bartram Springs will make every attempt to provide reasonable accommodations for mentally and physically challenged children, Bartram Springs will not accept children that are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy Bartram Springs programs. Any of the above reasons will be grounds for dismissal from Bartram Springs programs. We strongly recommend that you discuss with Bartram Springs staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child.

I understand that Bartram Springs is NOT responsible for personal property lost or stolen while members and/or program participants are using Bartram Springs facilities, offsite but engaged in camp activities, or on Bartram Springs premises. In the event of an emergency and my emergency contact person cannot be reached, I hereby give my permission to the physician selected by Bartram Springs to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. I understand that no accident or medical insurance is provided with this activity.

I give my permission to Bartram Springs to use, without limitation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting Bartram Springs programs.

I give my permission for my child to be transported by the bus service secured by Bartram Springs for related programs activities.

I have read and fully understand the above program details and waiver and release of all claims

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EXEMPT STATUS**

Is any of the personal information that you have provided on this form, including, but not limited to, identity, address, and telephone number, exempt from disclosure under Florida law?

YES  NO

If you checked "YES," please explain which exemption you qualify for:

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If you checked "YES," please provide a written request for maintenance of such exemption to Bartram Springs staff at the following address:

Bartram Springs Community Development District  
14530 Cherry Lake Drive East  
Jacksonville, Florida  
32258

E-mail: [jlucansky@vestapropertyservices.com](mailto:jlucansky@vestapropertyservices.com)

**PARENT PICKUP AUTHORIZATION FORM**

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

In the event of an **EMERGENCY** and I (parent or legal guardian) am unable to pick up my child(ren), the following is a list of all possible persons permitted to pick up my child(ren) from the camp program. Any additions to this list must be made in person by the parent or legal guardian. You will need to present a driver's license to make changes.

**\*We will be checking ID at the time of checkout. Please inform all authorized persons of this policy.**

1. \_\_\_\_\_  
(Name) (Daytime/Cell Phone Number)

2. \_\_\_\_\_  
(Name) (Daytime/Cell Phone Number)

3. \_\_\_\_\_  
(Name) (Daytime /Cell Phone Number)

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**BEHAVIOR POLICY**

For the safety and enjoyment of all participants enrolled in the Bartram Springs camps, the Bartram Springs staff has the following three (3) strike per day policy:

- First strike, a verbal warning is given and the child's name, reason, and time are written down on the Bartram Springs staff strike sheet.
- Second strike, the child's name, reason, and time is written down on the Bartram Springs staff strike sheet along with **5** minutes taken away from any activity that Bartram Springs camp director sees fit. A written warning is also sent home with the child.
- Third strike, the child's name, reason, and time is written down on our strike sheet along with that child being removed from camp to sit in the Bartram Springs director's office. A parent will be called and ask to pick up that child.

Future attendance at camp will be reviewed on a case-by-case basis by staff. There will be **NO** refunds if your child is released from any program for poor behavior. Bartram Springs staff reserves the right to require immediate removal of a participant from camp in the event of physical violence or other acts arising to necessary removal.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**BARTRAM SPRINGS SUMMER CAMP 2019**

Thank you for registering your child for Bartram Springs' Summer Camp! We are beyond excited for this year's summer camp and cannot wait for your camper to join in on the fun. Camp hours will be 7:45am-5:45pm, with late pick up (5:45pm-6:15pm) available for a minimal additional cost of \$5 per day. Pre-registration is required.

Pick-up and drop-off will be at the Bartram Springs Clubhouse, in the Flex Space. This is also known to most parents as the "old gym." To provide additional safety precautions this summer, a valid ID will be required upon pick-up, and must match one of the names listed by you on the Parent Pick-Up Authorization Form. Please make sure upon arrival, for both drop off and pick up, to sign your camper in and out with a Bartram Springs staff member.

A typical week of camp will consist of the following: arts and crafts, inside games, outside games/sports, reading time, playground, relay races/team building, science experiments, and much more. Campers will have the opportunity to swim in the Bartram Springs Recreational Pool each day. Weather permitting, of course. All campers will be required to take a swim test prior to getting into the pool, each day. If your child does not pass, he or she will stay on the steps entering the pool, with some of the Bartram Springs staff. Appropriate floatation devices, such as swimmies and life vests, may be sent in with your camper for pool time. Fun Fridays will become your campers favorite part of each week, as we embark on field trips and enjoy special guests, through out the summer. Campers will wear blue shirts on field trip days. Additional information will be provided each week for these days.

No electronics or cell phones will be allowed during the camp day. If your child is participating in late pick up, they are allowed to use electronics for that period of time only. Campers are encouraged to bring a few books from home, for our reading time. Please provide your child with sunscreen, towel, change of clothes, lunch, and a refillable water bottle. Labeling items is highly recommended, but not required. Bartram Springs will not be responsible for the loss of any items. Two snacks will provided to your camper each day, however, if your camper has dietary restrictions, please be sure to pack snacks accordingly. Please, **NO SANDALS** (except on the pool deck, during swim time), only closed-toe sneakers may be worn throughout the week. Stuffed animals, fidget spinners, tradeable cards, and any toys from home will not be allowed, so please leave them at home to avoid the loss of a camper's special item or toy.

The Bartram Springs staff is looking forward to an amazing summer. If you have any questions at all, prior to camp or during, feel free to reach out to the Clubhouse staff, Camp Director, or I. We cannot wait to see you and your camper June 3!

Best Regards:  
Shannon O'Brien  
Summer Camp Director  
[Gogators99@live.com](mailto:Gogators99@live.com)

Laura Blanton  
Bartram Springs Program Director and Camp Supervisor  
[lblanton@vestapropertyservices.com](mailto:lblanton@vestapropertyservices.com)  
904-880-5156

**For Office Use Only**

Weekly: \_\_\_\_\_ Total Single Days: \_\_\_\_\_

Total Amount: \_\_\_\_\_

CC (Last 4) \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Staff Signature \_\_\_\_\_

Date \_\_\_\_\_