

# City of Plantation Sports Camp 2024 Registration Packet



## REGISTRATION DATES

**Residents – April 15<sup>th</sup>**

**Non-Residents – April 29<sup>th</sup>**

- Registration is in person ONLY, first come, first served.
- Emailed applications will NOT BE accepted.
- Requested documents are required at the time of registration
- Registration can be completed at ONLY at Veltri Racquet Center



**Children who are 5 years old must have completed Kindergarten by June 17<sup>th</sup> in order to attend the Day Camps.**

A report card or progress report must be provided at the time of registration as proof of enrollment. Children who are 5 and have not completed Kindergarten may attend Kidtastic Corner.

*Camps may be subject to cancellation or closure*

## Application Checklist

- ✓ **Completed registration form (with email addresses listed)**



# City of Plantation Sports Camp 2024 Registration Packet



- ✓ Medical Waiver and Consent Form
- ✓ Copy of birth certificate (we are unable to accept passports or birth cards). *Returning campers do not need to provide a birth certificate.*
- ✓ Report card/progress report for children enrolled in kindergarten
- ✓ Proof of residency (see chart below)
- ✓ Payment – We accept Cash, Checks, Money Order, American Express, Visa, Mastercard and Discover

In order to receive the resident rate, proof of Plantation residency is required at the time of registration. Only the following will be accepted:

<b>Category A</b>	<p><b>Driver’s License or State ID AND <u>one</u> of the following:</b></p> <ul style="list-style-type: none"> <li>✓ Mortgage statement or current lease or</li> <li>✓ Utility Bill: City of Plantation Water, FPL or Cable/Internet</li> </ul> <p><b>Utility bill must be dated within 30 days from the date of registration.</b></p>
<b>Category B</b>	<p>If you do not have any of the above AND/OR your Driver’s License or State ID does not have your current Plantation address you must provide the following:</p> <p><b>Driver’s License or State ID AND <u>two</u> of the following:</b></p> <ul style="list-style-type: none"> <li>✓ Printout from the Broward County Property Appraiser</li> <li>✓ Voter’s registration card</li> <li>✓ Car registration</li> <li>✓ 2023 Tax return</li> </ul>
<b>Category C</b>	<p>If you do not have any of the above AND/OR your Driver’s License or State ID does not have your current Plantation address you must provide the following:</p> <p><b>Driver’s License or State ID AND <u>three</u> of the following:</b></p> <ul style="list-style-type: none"> <li>✓ Bank statement</li> <li>✓ Credit card statement</li> <li>✓ Cell phone bill</li> <li>✓ Insurance policy</li> <li>✓ Toll Invoice</li> </ul> <p><b>All of the above must be dated within 30 days from the date of registration.</b></p>

### Sports Camp Refund Policy



# City of Plantation Sports Camp 2024 Registration Packet



No refunds will be given. You may exchange one 2 week session for another session only.

No refunds will be given if your child (ren) is removed from camp for disciplinary reasons or if parents/guardians demonstrate inappropriate behavior or fail to cooperate with staff.

## GENERAL INFORMATION

**LEGAL GUARDIANSHIP:** If you are not the natural parent, proof of legal guardianship from the courts must be presented with registration information. Step/Grandparents must have a notarized letter from the parent(s) allowing them to register the child (ren) with a copy of the parent’s driver’s license. **If the parent or legal guardian does not reside in Plantation, the non-resident rate will apply.**

**BIRTH CERTIFICATE:** A birth certificate must be provided for children who have not attended a City of Plantation camp (birth cards and passports will not be accepted). Registration will not be processed without a birth certificate for new campers.

**MINIMUM AGE:** **Sports Camp:** | 5 – 11 years old | Must have completed Kindergarten by the first day of camp. time of registration as proof of enrollment. Children who are 5 and have not completed Kindergarten may attend Kidtastic Corner.

**RESIDENCY:** **Proof of Residency:** City of Plantation residents will receive the resident rate. Please provide a copy of your most recent City of Plantation water bill, FPL electric bill, or cable/internet bill **AND** a driver’s license. If your current address does not match with the address on your driver’s license, you must provide 2 or 3 other supporting documents. See the proof of residency chart on page 2. **NO OTHER FORMS OF RESIDENCY WILL BE ACCEPTED.** No refund difference will be applied once you register as a non-resident should you bring in Plantation residency verification after completing registration.

**COMPLETE, READ & SIGN:** Complete the attached registration form, making sure all information is current and correct. Read, complete, and sign the waiver statements located at the bottom of the registration form.  
  
Please complete the Medical Waiver & Consent Form and submit along with your application.

**PAYMENT:** **Please note:** There is no guarantee space will be available for future sessions if you do not sign up for the full camp session.



## City of Plantation Sports Camp 2024 Registration Packet



**Returned checks/credit card chargebacks:** Any payment that is returned to the City of Plantation is subject to a fee based on City Ordinance #2170. You will have five (5) business days from the day of notification to complete the payment in full by cash or cashier's check ONLY. After the fifth (5<sup>th</sup>) day, the child will be pulled from camp and the balance will remain on the account until paid in full. Any remaining balance will result in being unable to register for any city programs or events.

### **PICK UP:**

Persons authorized to pick up your child (ren) must be listed on the registration form. **A driver's license must be presented each day to pick up your child (ren). NO EXCEPTIONS.** Parents/Legal Guardians and Secondary Guardian are automatically listed on authorized pick-up list and are eligible to pick up. If your child is going to be picked up by someone not listed on your registration form, you must contact the facility prior to pick up. Children will not be released to their custody.

### **CAMP HOURS:**

Camp hours are 9:00 am – 3:00 pm.

### **GROUPS:**

All children will be placed in groups according to age during structured program time, 9 AM- 3 PM.

### **FOOD:**

Snack time- Children are encouraged to bring a snack for the morning and afternoon.

Children will not be allowed snacks except at designated times.

Children must remain on-site for lunch and should bring a nonperishable lunch in an insulated bag lunch, unless otherwise instructed. Microwaves and eating utensils will not be available.

## **Sports Camp**

**Session 1: June 17-June 28**

**Session 2: July 1-July 12**

**Session 3: July 15-July 26**



# City of Plantation Sports Camp 2024 Registration Packet



**Session 4: July 29-August 9**

***No camp Wednesday, June 19<sup>th</sup> and Thursday, July 4<sup>th</sup>***  
*Central Park, 9151 N.W. 2<sup>nd</sup> Street*

Weekly activities include sports, special guests and events, swimming and more.

**AGE REQUIREMENTS: 5-14 YEARS OLD**

	Drop Off Location	Ages	2 week session
<b>Resident</b>	Central Park	5-14	\$380
<b>Non-resident</b>	Central Park	5-14	\$420

# SPORTS SUMMER CAMP 2024 REGISTRATION FORM

Proof residency is required each time you register for an activity. Please see the camp packet for the specific documents that are accepted. Registration forms without proper proof of residency will not be accepted. A copy of the child(ren)'s birth certificate is required at the time of registration for new campers.

Parent/Legal Guardian's Name

Relationship to Participant  Mother  Father  Court Appointed Legal Guardian

Street Address

Cell Phone  Home Phone  City  State  Zip Code

Work Phone  Email

Parent/Legal Guardian's Name

Relationship to Participant  Mother  Father  Court Appointed Legal Guardian

Street Address

Cell Phone  Home Phone  City  State  Zip Code

Work Phone  Email

### Emergency Contact Information

**Cannot be primary or secondary guardian**

Name

Relationship to child

Cell Phone

Home Phone

Work Phone

\*No Camp June 19<sup>th</sup>, 2023

\*No camp July 4<sup>th</sup>, 2023

Ages: 5-14

For more information contact the Veltri Tennis Center at 954-513-3540 or email [irickey@plantation.org](mailto:irickey@plantation.org)

Full Day  \*June 17<sup>th</sup>-28<sup>th</sup>  \*July 1<sup>st</sup>-July 12<sup>th</sup>  July 15<sup>th</sup>-July 26<sup>th</sup>  July 29<sup>th</sup>-August 9<sup>th</sup>

Participant Name	DOB	Gender	List Allergies/Medications/Behavioral Issues	Shirt Size	
				Child	Adult
				S	M L XL
				S	M L XL
				S	M L XL

**Persons Authorized to Pick Up**

(Must show ID every pick up)

1.  2.  3.

4.  5.  6.

**REFUND POLICY:** Refunds will not be granted for Sports Camp once your child is registered.

**VIDEO / PHOTO CONSENT WAIVER & RELEASE:** The City of Plantation often hosts activities and other events that may require taking pictures and developing photos for public media (such as internet web design, videos, newspapers, television & marketing publications). Please indicate below your consent for you or your child to be photographed, videotaped or interviewed.

\_\_\_\_\_ I hereby give } consent for my child to be photographed, videotaped or interviewed for possible use in  
\_\_\_\_\_ I do not give } newspapers, magazines, television, radio broadcasts, City websites & City publications.

**NOTICE:** The City of Plantation Department of Parks and Recreation, in compliance with the American Disabilities Act (ADA), Public Law #101-336, Section 202, requires that all participants in the program must contact the Department of Parks and Recreation before the program begins in order to allow time for the evaluation and preparation to accommodate those needs. Please check below in the appropriate place:

- \_\_\_\_\_ A. This matter would not apply to our situation.
- \_\_\_\_\_ B. This matter will apply to our situation; I will provide specific information to the Parks and Recreation Department prior to the start of program, and appreciate that it will take time for the City to evaluate whether and to what extent reasonable accommodations can be made

**AIDES/THERAPIST VISITS:** Certified Aides and Licensed Therapists will require a background check through the City of Plantation Human Resources Department in order to perform services on site. Checks must be completed at least 2 weeks prior to the child’s first day of camp. Please contact the HR Department at 954-797-2240 for more details on background check completion.

**PARENTAL PICK UP RIGHTS:** Regardless of whether you have included or failed to include the telephone and name of said child's other parent or guardian, until a death certificate on such parent or a certified copy of a court order awarding exclusive custody to the parent registering such child is produced, the registering parent is herewith informed that the child shall be authorized to be picked up by the parent not named in said Registration Form upon proper picture identification being produced identifying said parent of said registered child. Please execute your understanding of the City's position in this regard.  
I have read and understand the City's position concerning custody rights in the absence of a death certificate on one of the child's natural parents or a Court Order awarding custody to one of the child's natural parents.

**WAIVER & RELEASE OF ALL CLAIMS:** Please read this form carefully and be aware in registering your child or ward for participation in this program that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the program.  
As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which my minor child/ward or I may sustain as a result of participation in any and all activities connected with such program.

I agree to waive and relinquish all claims my minor/ward or I may have as a result of participating in the program against the City of Plantation and its officers, agents, servants and employees.

I hereby release and discharge the City of Plantation and its officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by my minor child or me arising out of, connected with, or in any way associated with negligent acts or omissions of me or my minor child.

In the event of an emergency, I authorize the City of Plantation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care, and agree that I will be responsible for payment of any and all medical services rendered, including transportation charges.

I have read and fully understand the above Program Details, Refund Policy, Video/Photo Consent Waiver & Release, Notice, Parental Pick up Rights, and Waiver & Release of All Claims.

**Child(ren) Name(s):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**City of Plantation Parks & Recreation Department  
Medical Waiver & Consent Form**

This Waiver of Liability, Assumption of Risk, Indemnity and Consent Agreement is a legally binding agreement by and between I, \_\_\_\_\_ (Parent), parent and legal guardian of \_\_\_\_\_ a minor child (Child), on the one hand, and the City of Plantation, Florida, a Florida municipal Corporation (City), on the other.

**Assumption of Risk:** Parent recognizes and acknowledges that there is the possible risk of an allergic reaction or an injury that Child may sustain while participating in City activity programs. Parent also acknowledges that Child currently has a medical condition whereby in an emergency situation, special medical treatment may be required, including but not limited to the administration of an **EpiPen, a nebulizer, prescription medication, or non-prescription medication** (hereinafter referred to as "Treatment"). **Parent hereby notifies the City that Child is aware of his/her medical condition and that Child is able to self-administer the Treatment. Parent acknowledges and understands that City will not assist Child with the administration of the Treatment.**

**Waiver:** Parent hereby fully releases, waives, and discharges the City of Plantation, its affiliates; elected or appointed officers or officials; attorneys; agents; contractors; employees, in their respective official and individual capacities; volunteers; and/or other participants (collectively referred to as "the City") from any and all claims, loss, damage, disability, or injury of any kind (including death) sustained by Child arising out of, connected with, or in any way associated with the Treatment.

**Indemnification and Hold Harmless:** Parent hereby agrees to indemnify and hold harmless the City from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, brought as a result of the Child's participation in any City activity or program and agrees to reimburse the City for any expenses incurred.

**Consent:** In the event of an emergency, I give my full consent to the City to secure from any licensed hospital, physician, and/or medical personnel any medical assistance or medical treatment deemed necessary for my child's care, and agree that I will be responsible for payment of any and all medical services rendered, including transportation charges.

**Acknowledgement of Understanding:** The Parent has read this Agreement and fully understands its terms. The Parent further expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect. I understand that I am giving up substantial rights, including the right to sue.

I have read and voluntarily sign this Agreement, and further agree that no representations, statements or inducements apart from what is written in this Agreement have been made.

**THE UNDERSIGNED PARENT / LEGAL GURADIAN HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.**

**Parent's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**City Employee (Sign)**

**Print Name**

**Date**