

**Apollo Beach Racquet & Fitness Club  
505 Apollo Beach Blvd.  
Apollo Beach, FL 33572  
(813) 641-1922**

**OFFICE USE ONLY**

Summer  After-School

**Sports Camp Registration Form**

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

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Allergies/Disabilities/Medical Concerns: No: \_\_\_\_\_ Yes: \_\_\_\_\_ (If yes, please explain \_\_\_\_\_)

School: \_\_\_\_\_

Parent/Guardian Name(s): (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Email Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Cell Phone (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Person to contact in case of emergency (name & relationship) \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person(s) authorized to pick up child: \_\_\_\_\_

(Driver's license/identification must be presented when picking up child)

How did you hear about our program? \_\_\_\_\_

**Waiver & Indemnity Agreement**

The undersigned, intending to be legally bound hereby and in consideration of the use of facilities and property of the Apollo Beach Racquet & Fitness Club, their employees, agents and contractors from any and all liability or claims for bodily injury to the above named participant and loss or damage to personal property with respect to any and all claims, suites and losses (including property damage) arising out of the facilities of the Apollo Beach Racquet & Fitness Club. I further understand that accidents occasionally occur during participation in sports and physical activities. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the Apollo Beach Racquet & Fitness Club, its employees and agents. I hereby acknowledge that I have read and understand the waiver and indemnity agreement for the above mentioned parties.

Signature of Parents or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Emergency Medical Treatment:**

If my child (Child's full name) \_\_\_\_\_ should become ill or injured at the Apollo Beach Racquet & Fitness Club, I understand that the Apollo Beach Racquet & Fitness Club will: 1) Contact me immediately and 2) Contact the person(s) I have designated if I cannot be reached. Should the Apollo Beach Racquet & Fitness Club be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Hillsborough County ordinance 90-38 or 92-20 requires that all parents must receive a copy of the child care facility brochure Know Your Child's Day Care Center. The Parents or legal Guardians signature verifies receipt of the Child Care brochure. Please complete the following: I, \_\_\_\_\_ have received a copy of the child care facility brochure Know Your Child's Day Care Center.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Hillsborough County ordinance 90-38 or 92-20 requires that parents are notified in writing of the disciplinary practices used by the child care facility. The parents or legal guardian's signature verifies that the parents or legal guardians have been notified in writing of the disciplinary practices of the child care facility. Please complete the following: I, \_\_\_\_\_ have received in writing the disciplinary practice used by the child care facility.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCIPLINE:**

**Unacceptable behaviors:**

1. Physical contact—hitting, kicking, biting, pulling hair, choking, pinching etc.
2. Foul language
3. Blatant disrespect to counselors
4. Destruction of property or equipment
5. Any deviation from pool safety rules

The children are not to hurt another person physically or verbally. If a child is hurt in some way, they are to walk away and talk to a counselor. When a problem does occur - ex. Fight - we LISTEN to each child's side of the story. We help the children see what is right and wrong with the situation. If we feel the persons involved need to "chill out" and settle down a little, they will be sent to a quiet place near a counselor or supervisor to "cool off". We try to guide the children such that they choose to get along and behave. The children are to be respectful to the counselors. They are not to abuse the facilities or equipment nor the other children's belongings.

Discipline procedures include loss of privilege - the use of a specific area or activity; clean up duty - pick up trash from play yard or child will fill out conduct form. If a child continues to misbehave, use foul language after being reminded otherwise or is having a "bad attitude day" the Parent will be called to speak with the child. If this does not remedy the situation, the parent will be called to pick up the child. We appreciate your support and cooperation.

**INJURIES:** This is a sports camp. The children are VERY active as such, injuries can and do occur. In the case of an injury, we will call the parent to inform you of what happened and how it has been treated. The parent can decide if further treatment is necessary and make such arrangements. We will call for any minor scrapes or bumps (unless the parent does not want to be called) as much to comfort the child as to keep you informed. Many of the children are here all day, week. Even the toughest child needs to know Mom and Dad care about their troubles when they occasionally occur.

**ILLNESS:** When a child is not feeling well, we assess the situation and check for fever. The child is kept in a quiet place away from other children. If the child does not feel better after a little rest time or asks to call the parent we will call you and then determine whether the child should go home. If the child is running a fever, vomiting or diarrhea, you will be called to take the child home. Please do not send your child if he or she has ANY contagious illness or infection.

I (print name) \_\_\_\_\_ have read, understand and agree to the disciplinary practices and policies above.

**AFTER SCHOOL CAMP HOMEWORK:** Even though this is a sports camp, homework comes first. We supervise homework time shortly after they arrive at the club. Those who go to swim practice, will go to the second study hall time. Please review with your child the homework they did at the club. If you prefer that your child does his/her homework at home, please send a note.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_