

2010 Summer Fun

CITY of NEW SMYRNA BEACH PARKS AND RECREATION DEPARTMENT

PROGRAM DATES: June 9 through August 13, 2010
REGISTRATION: Begins April 19th at the Parks and Recreation Department, 1000 Live Oak Street

AGES: Fun Center: Entering 1st grade through entering 5th grade.
Teen Center: Entering 6th grade through entering 9th grade.

LOCATION: Babe James Community Center, 201 N Myrtle Avenue (Fun Center and Teen Center)

COST: **Registration Fee:** \$20 per child / **First week is a 1/2 week & the fee is \$20**
Weekly Fee: **Fun Center** - \$35 per week / \$5 discount for any additional children
Teen Center - \$55 per week includes Thursday Trips-
(There will be an additional \$20 fee for the week of the Universal trip)
There is an additional \$5.00 per person per week for non-residents.

You may pay by check, cash or credit card (Credit & Debit Card - Parks & Rec. office only).

HOURS: 7:30 a.m. - 5:30 p.m. Monday through Friday.
A \$1.00 PER MINUTE LATE FEE AFTER 5:30 PM WILL BE STRICTLY ENFORCED!

NOTES: Children will need to bring snacks daily. Lunch will be provided between the dates of June 21 & August 13. Children may bring their own lunch and snack if they would like.
**For more information, please call the New Smyrna Beach
Parks and Recreation Department at 424-2175**

Summer Fun Registration Form 2010 New Smyrna Beach Parks and Recreation Department

Office Use Only:					Week(s)	Paid
1/2	2	3	4	5	6	
7	8	9	10	Registration		

Please Print
Name _____ Grade (2010-2011) _____ Age _____
Address _____ Home Phone _____ Cell Phone _____
City _____ State _____ Zip Code _____
Mother's Name _____ Work Telephone _____
Father's Name _____ Work Telephone _____
Allergies and/or other conditions _____

******* IF YOUR CHILD IS TAKING ANY MEDICATION, YOU MUST FILL OUT AN AUTHORIZATION FORM*******

My child can swim at least 25 yards: Yes _____ No _____ My child has permission to see movies rated PG-13: Yes _____ No _____
Local Physician's Name _____ Telephone Number _____

OTHER RELATIVES AND/OR NEIGHBORS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED

1. Name _____ Telephone Number _____
2. Name _____ Telephone Number _____

I wish for the above minor to be allowed to participate in or be a spectator at recreation/sports activities or after school care programs sponsored by the Parks and Recreation Department of the City of New Smyrna Beach. I understand that the City does not carry medical or liability insurance and will not be liable for any injury suffered by (he/she) unless the injury is directly caused by the City. I, therefore, agree that if (he/she) is allowed to participate in or be a spectator at said activities, that if I wish insurance coverage, it shall be my obligation to provide it and that neither I, nor my personal representative, will make any claim against the City for injury or death unless said injury or death is directly caused by the City.

In case of accident or serious illness, I request the City to contact me. If the City is unable to reach me, I hereby authorize the City to call the physician indicated above and follow his instructions. If it is impossible to contact this physician, the center may make whatever arrangements seem necessary

Date _____ Signature of Parent/Guardian _____

Shirt Size (Circle One) Youth Medium Youth large Adult Small Adult Medium Adult Large

Received Shirt _____ Date _____