



**Julington Creek Plantation CDD**  
**Camp Registration Forms**  
**2010**

**All Program Fees are Non-Refundable**

Please complete all information included in this packet.

*\*Child must be 5 years old by the first day of Camp*



**WAIVER**

I understand that Julington Creek Plantation Community Development District (JCPCDD) 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 JCPCDD activities or programs, I hereby voluntarily release and discharge JCPCDD, its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of his/her participation in these activities.

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

While JCPCDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD programs. We strongly recommend that you discuss with JCPCDD 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 JCPCDD is NOT responsible for personal property lost or stolen while members and/or program participants are using JCPCDD facilities or on JCPCDD premises.

I understand that no accident or medical insurance is provided with this activity.

I give my permission to JCPCDD 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 JCPCDD programs.

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

\_\_\_\_\_  
**NAME OF APPLICANT/CHILD**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_

**Julington Creek Plantation CDD**  
**Camp Program**  
**Parent Pickup Authorization Form**  
**Child's Name:**

\_\_\_\_\_

In the event of an **EMERGENCY** and I (parent or legal guardian) am unable to pick up my child, the following is a list of all possible persons permitted to check my child out 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.

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

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

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

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

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

**\*\*Remember we will be checking ID at the time of checkout.  
Please inform all authorized persons of this policy.  
Thank you.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Julington Creek Plantation CDD**  
**Authorization for Medication**

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

Medicine: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Special instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known allergies: \_\_\_\_\_

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

.....

**Sign below, if form is not applicable to  
your child:**

\_\_\_\_\_  
(Parent or Guardian Signature)

**Julington Creek Plantation CDD**  
**Camp Program Behavior Policy**

For the safety and enjoyment of all the children we have the following policy in place:

- First, a verbal warning is given.
- Second, a written warning is sent home with the child.
- As a last resort, if the written warning is not heeded, the child will be suspended from the Camp Program.

If your child should create a disturbance and become unmanageable, we will be required to have a parent or guardian pick up your 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.

The following is a section of the Camp waiver that you signed.

**While the Julington Creek CDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD Programs. We strongly recommend that you discuss with the JCPCDD staff any special conditions of 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 accommodations for your child.**

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Child's Name

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Parent's Signature

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Date

**Julington Creek Plantation Community Development District  
Picture Publication Permission**

I hereby grant the Julington Creek Plantation Community Development District Permission to publish pictures of myself and/or my children which are taken at District Facilities or during District-sponsored events in the community newsletter or on the community website.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Picture Caption Information**

Description of picture: \_\_\_\_\_

Patrons in picture: \_\_\_\_\_

\_\_\_\_\_

**Permission to Watch PG Movies**

We will be showing movies at Camp each day. Please fill out the form below if you give permission for your Camper to view a PG movie.

Yes, I give my permission for my child to view a PG movie.

No, I do not wish my child to view a PG movie.

\_\_\_\_\_

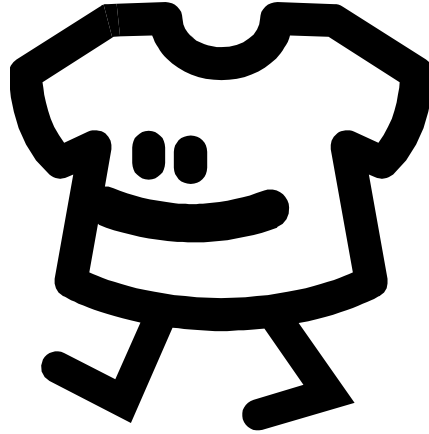
Parent/Guardian Signature

\_\_\_\_\_

Date

# CAMP ADVENTURE 2010

## T-SHIRTS ARE HERE!



**We WOULD LIKE TO HAVE ALL OUR CAMPERS IN A JCPCDD  
T-SHIRT FOR OUR FIELD TRIPS.**

**PLEASE MAKE A SEPARATE CHECK PAYABLE TO JCPCDD IN  
THE AMOUNT OF \$5.60. PLEASE CHECK WHAT SIZE YOUR  
CHILD WEARS.**

<input checked="" type="checkbox"/>	SIZE
<input type="checkbox"/>	S (6-8)
<input type="checkbox"/>	M (10-12)
<input type="checkbox"/>	L (14-16)
<input type="checkbox"/>	XL (18-20)

**Child's Name** \_\_\_\_\_ **Paid Ck#/Cash** \_\_\_\_\_

