



2016 Summer Fun

CITY of NEW SMYRNA BEACH

LEISURE SERVICES DEPARTMENT IN COOPERATION WITH THE
NEW SMYRNA BEACH POLICE ATHLETIC LEAGUE

- PROGRAM DATES:** June 8 through August 12, 2016
- REGISTRATION:** Begins Wednesday, April 6, 2016 @ the Recreation Department, 1000 Live Oak Street
- AGES:** Entering 1st grade through entering 9th grade.
(Must have completed kindergarten- Report Card Required)
- LOCATION:** Babe James Community Center, 201 N Myrtle Avenue
- COST:** **Registration Fee:** \$25 per child
Weekly Fee: \$40 per child – due on Friday of the week prior to attendance.
Late Fee: \$10 per week
- There is an additional \$5.00 per person per week if you do not live inside the city limits of New Smyrna Beach.**
- You may pay by **cash, debit or credit card** (Debit or Credit Card – Leisure Services office only)
- TRIPS:** **Children will be taking trips this summer on the Police Athletic League Bus. Shirts will be given & each child will be required to wear their shirt on trips.**
- 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. Children may bring their own lunch if they would like.

For more information, please call the Leisure Services Department at 424-2175 or Babe James 424-2299.

**Summer Fun Registration Form 2016
New Smyrna Beach Leisure Services Department
& Police Athletic League**

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

Please Print
Name _____ Grade (2016-2017) _____ 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 has permission to see movies at the center 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 Leisure Services Department of the City of New Smyrna Beach and the New Smyrna Beach Police Athletic League (PAL). I understand that the City or PAL does not provide medical insurance coverage for spectators or participants and will not be liable for any injury suffered by (him/her). I further agree to release and hold harmless the City/PAL, its agents and employees, from any liability for its negligence, or its negligent acts or omission, in connection with his/her participation in the program. I, therefore, agree that if (he/she) is allowed to participate in or be a spectator at said activities, and that if I wish medical 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/PAL for injury or death sustained by him/her in connection with the program.

In case of accident or serious illness, I request the City/PAL to contact me at the phone number I have provided to the City/PAL. If the City/PAL is unable to reach me, I hereby authorize the City/PAL 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 _____