



COOPER CITY PARKS AND RECREATION DEPARTMENT
YOUTH PROGRAM 2026 - 2027 REGISTRATION FORM

Section 1

STUDENT INFORMATION

Student #1 Name: _____ Age (must be 6 years old by 9/1/26): _____

Birth Date: _____ Grade: _____ Gender: _____ Swimming Permitted: Yes / No

Allergies/Medications: _____ PG Movie Permitted: Yes / No

Yes/No My child(ren) can walk/bike home at _____ p.m. each day

Student #2 Name: _____ Age (must be 6 years old by 9/1/26): _____

Birth Date: _____ Grade: _____ Gender: _____ Swimming Permitted: Yes / No

Allergies/Medications: _____ PG Movie Permitted: Yes / No

Yes/No My child(ren) can walk/bike home at _____ p.m. each

Student #3 Name: _____ Age (must be 6 years old by 9/1/26): _____

Birth Date: _____ Grade: _____ Gender: _____ Swimming Permitted: Yes / No

Allergies/Medications: _____ PG Movie Permitted: Yes / No

Yes/No My child(ren) can walk/bike home at _____ p.m. each

Section 2

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____

Phone: _____ Alternate Phone #: _____

Email Address: _____

(email is used for reminders and notifications)

Parent/Guardian Name: _____

Address: _____

Phone: _____ Alternate Phone #: _____

Email Address: _____

(email is used for reminders and notifications)

Pick Up Authorization (Photo I.D. is required to pick up camper):

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

COOPER CITY STUDENT AGREEMENT

I have received and acknowledge the agreement: Behavior, Policy & Procedures and General Information Forms.

By signing below, you are acknowledging the above.

Signature: _____ **Date:** _____

Medical Waiver

I acknowledge that participating in the programs and recreational and other activities of Cooper City Recreation Department Summer Camp present certain risks associated with such activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

By signing this Waiver form, I expressly warrant that the child named below is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the City of Cooper City and its employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against the City of Cooper City or its employees, volunteers, or agents.

I further agree to indemnify and hold harmless the City of Cooper City and its employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I recognize that there may be occasions where the child named below may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the City of Cooper City to seek and secure any needed medical attention for the child named below, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I hereby give permission for attending physician(s) and other medical personal to administer any needed medical treatment, including surgery, and again, I agree to pay for the medical treatment.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Child's Name: _____ Parent or Guardian's Name (Print): _____

Participant/Parent/Guardian Signature: _____ Witnessed By: _____

Allergy Waiver

I have provided the child with an emergency dose of the medication for use if the child suffers an allergic reaction, diabetic reaction, or other emergency related to the health conditions listed on the registration form while in the care or custody of the City Of Cooper City. I have attached here directions provided by the child's physician regarding the administration of medication for allergic reactions or other emergency situations arising from the child's health condition. I retain the responsibility to ensure the child has the proper prescribed medication for each day in attendance at the City of Cooper City summer camp. In the event that the child suffers a serious allergy attack, diabetic reaction or illness while in the care or custody of the City of Cooper City, I authorize the City of Cooper City to administer the medication orally or through the use of an injection, Epi-Pen or such other method as I have made available to the City of Cooper City or to take such other action as reasonable necessary to remedy or abate the allergic reaction.

I acknowledge that despite good faith efforts by the City of Cooper City, my child may encounter allergens or other environmental agents due to the nature of the summer camp program and exposure to other children.

I release the City of Cooper City and its employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the summer camp program or as a result of efforts to abate or remedy an allergic reaction, diabetic reaction, or emergency related to the child's health condition as listed on registration form. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against the City of Cooper City or its employees, volunteers, or agents. I further agree to indemnify and hold harmless the City of Cooper City and its employees, volunteers, or agents from any and all claims arising from my or my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I understand that if my child suffers from the allergies, I must provide a daily snack for my child. The City of Cooper City is not responsible for the monitoring of the allergen content or diabetic content of the snacks the City of Cooper City may provide. I understand that the City of Cooper City does not monitor the snacks it provides for allergen or diabetic content. I acknowledge that I have been advised of our responsibility to provide a daily snack for the child.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Child's Name: _____ Parent or Guardian's Name (Print): _____

Participant/Parent/Guardian Signature: _____ Witnessed By: _____

Waiver For Minors (By Adult)

As the parent or guardian of a minor child participating in the City of Cooper City (the "City") cultural, sporting, entertainment or other activity or event, or as the parent or guardian of a minor child participating as a user of any City facility, premises, or equipment, I hereby waive any claim against the City and its agents, servants and employees, hereafter arising from injuries to said child, which said injury is sustained while upon said facilities or premises, using such equipment, participating in said activities or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants or employees of City.

Further, I do covenant to indemnify, hold harmless and defend the said City, its agents, servants and employees from any claim, liability or damages hereafter arising out of any injury to said child, regardless of whether such injury to said child is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants and employees of City.

I hereby give permission for the City to call my child's physician and/or to arrange for emergency service technician response or for transportation to a hospital, in the event of any injury or illness to my child, although I understand that the City assumes no responsibility to do so. I hereby give permission for the City, its agents, servants, employees and contractors to escort my child between city facilities.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Child's Name: _____ Parent or Guardian's Name (Print): _____

Parent or Guardian Signature: _____ Witnessed By: _____

Print/Electronic Media Release

I hereby give my permission to the City of Cooper City to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City of Cooper City, Florida.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Participant/Parent/Guardian Signature: _____ Witnessed By: _____

Official Use Only

- ☐ Form is complete, signed and witnessed.
- ☐ Confirm birth certificate and age of participant.
- ☐ Confirm residency with acceptable form of identification. Confirm that address and phone numbers are correct.
- ☐ Update household in City's Recreation Department system.

Employee Name: _____ Date: _____

Behavior Management Policy

In order to provide a safe and enjoyable experience for all participants, the Cooper City Parks and Recreation Department has developed a set of expectations for all participants. All participants will be treated fairly based on individual aptitude. Behavior guidelines are as follows:

- No participant will endanger him/herself or other participants or staff
- Participants will use respectful, appropriate language towards staff and other participants
- All participants will respect their leaders, rules, and equipment
- All participants will keep their hands, feet, and objects to themselves

Parents/guardians are responsible for informing the Parks and Recreation Department in writing if their child has a behavior disorder. This should be done directly with the Parks and Recreation Department upon registration. This will allow adequate time for staff to prepare for activities. Staff will provide reasonable accommodations so that each participant can successfully participate in the program (i.e. medications, special breaks, close supervision, etc.).

Unless notified of a behavior disorder that needs reasonable accommodations the consequences for inappropriate behavior are:

First Offense: Participant will be removed from the group activity, receive a verbal warning that the exhibited behavior is inappropriate, receive reinforcement of appropriate behavior. Participant may or may not return to the group, dependent upon severity of offense. Parent/Guardian will be notified at pickup, and asked to sign "behavior report".

Second Offense: Participant will be removed from the group activity, receive a second verbal warning that the exhibited behavior is inappropriate, receive reinforcement of appropriate behavior. Participant may not return to the group, and will sit out for an appropriate period of time, dependent upon severity of offense. Parent/Guardian will be notified at pickup that a second offense has occurred, reminded of the ramifications of a third offense, and asked to sign "behavior report".

Third Offense: The participant parent/guardian will be called for immediate pickup, and the participant will be suspended from before and aftercare for 2 days, without refund. When the participant is picked up, the Supervisor will meet with the parent/guardian, discuss the incident and consequence, and revisit the ramifications of a fourth offense. The parent/guardian will be asked to sign the "behavior report".

Fourth Offense: The participant's parent/guardian will be called for immediate pickup, and the participant will be suspended from that program permanently, without a refund for that particular session. When the participant is picked up, the Supervisor will meet with the parent/guardian; discuss the incident and permanent suspension. The parent/guardian will be asked to sign the "behavior report".

Please Note: In cases of inappropriate behavior deemed extreme by staff, participants may be suspended/dropped from the program immediately, regardless of the number of previous offenses.

Signature: _____ **Date:** _____
(Parent / Guardian)