



Dear Parent/Guardian:

The PAL **Spring Day Camp** will be in session this year from **Monday, March 16<sup>th</sup> through Friday March 20<sup>th</sup>, 2015**, at the cost of \$100.00 per child for the week, (see rate chart for additional children). This fee will include **ALL** field trips for the week including a Friday trip to a Central Florida theme park.

There **will not** be any registration fee for the Spring Camp. We will only be **registering 250 campers** for the 2015 Summer Day Camp. This is on a **first come first served** basis. Once we have 250 registered everyone after that will be placed on a waiting list. A letter of confirmation will be mailed out to each family that meets the registration requirements and those put on the waiting list will be contacted by phone.

The PAL **Summer Day Camp** will be in session for **11 weeks** this year from **Monday, June 1<sup>st</sup> through Friday, August 14<sup>th</sup>, 2015**, at the weekly cost of \$100.00 per child, (see rate chart for additional children). This fee includes **ALL** weekly field trips with the **EXCEPTION** of a few trips such as Disney Water parks, Disney/MGM, Universal theme park and the zip line at Central Florida Zoo. All the other trips (bowling, movies, RDV ice skating, Chuck E. Cheese, the Central Florida Zoo, miniature golf, etc.) are included in this fee. For 2015, there will be a **\$70.00 NON-REFUNDABLE** registration fee per child. This once a year fee will cover administrative costs, a camp T-shirt, transportation costs, and insurance costs. If you paid the \$70.00 pre-registration fee at Spring Camp, then you will not have to pay it again. Weekly payments for summer camp are due on the Friday of the week prior with the only exception being the first week of camp, and those fees will be due on the camper's first day of camp. The only exception will be if your child will be missing a week or two of camp then fee will be due on the Monday they return to camp. **Payments can be made by check, cash, money order, or credit/debit card. There is a \$2.00 processing fee for each credit/debit card transaction.**

Spring and Summer Camps will be held at the **Youth Services Prevention and Enforcement Center, 1151 E. 28<sup>th</sup> Street, Sanford**. A map to the Enforcement Center from the Seminole County Sheriff's Office is included. **Applications need to be mailed to 1151 E. 28<sup>th</sup> Street, Sanford FL 32773. Faxed applications are not accepted. Please be sure to attach a current photograph of the camper to the application package. Applications will be considered incomplete without a current photograph.**

Lunches are the responsibility of the parent or guardian. There is a snack bar available to the campers during the day to purchase sodas, candy, chips & more.

The dress code for all campers will be the following and will be strictly enforced:

Seminole County PAL camp will adhere to the following dress code:

**HEAD:** No caps, visors, hoods, bandanas, sunglasses or other head gear may be worn at Camp.

**UPPER GARMENTS:** All garments must have a collar or sleeves. Prohibited: halter tops, tube tops, backless dresses/tops, spaghetti straps and tank tops. Shirts must touch, at a minimum the top portion of lower garments at all times.



**LOWER GARMENTS:** Undergarments and the buttocks MUST remain entirely covered even while seated. Dresses, skirts and shorts must be at least mid-thigh or below in length. Rips/tears above mid-thigh are not permitted.

**FOOT WEAR:** No open toed shoes at all. All campers MUST wear sneakers at all times, no exceptions.

This is the same dress code that Seminole County Public Schools currently use. Any deviations must be approved by the PAL Director.

For the convenience of our working parents Campers may be dropped off as early as 7:00 am and picked up as late as 6:00 pm. The official hours for both camps will be from 8:30 am to 5:00 pm. **Camper's picked up after 6:00 pm will be charged an additional \$5.00 for the first 15 minutes and an additional \$1.00 for each minute thereafter.** For Spring Break, your child must be enrolled in Kindergarten. For Summer Camp, your child must have completed Kindergarten. The cut off will be the summer of the campers 8<sup>th</sup> grade school year.

*Camp activities will include Arts & Crafts, Field Trips, Sports, Table and Board Games, Swimming, Bowling, Roller Skating & more. There are at least two major field trips during the Summer Camp, one in June and one in July. There will be an extra fee for those field trips.*

For your child to be accepted in the camp all the forms must be filled out with a picture, camp schedule and registration fee attached. Application can be mailed to the Seminole County Police Athletic League, 1151 E. 28<sup>th</sup> Street, Sanford, FL 32773-6703 or hand delivered to 1151 E. 28<sup>th</sup> Street, Sanford.

## **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

You can contact the PAL Director, Sgt. Neal Fowler at (407) 708-7690 or Jessica Merck at (407) 708-7686 with any questions about the application or camp.

We are looking forward to seeing you soon and being a part of your child's summer.

Sincerely,

*Sgt. Neal Fowler*

Neal Fowler  
PAL Director  
Seminole County PAL





Dear PAL Parent and Camper,

During the 2015 spring and summer camps, our staff will be taking photographs that may have your child participating in various events. We would like to place them on our website and future camp brochure. We request your permission to use the photos for these purposes. This is a voluntary form. We appreciate your support of the Seminole County Police Athletic League.

Thank you!

Sincerely,

*Sgt. Neal Fowler*

Neal Fowler, PAL Director  
Seminole County PAL

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SCPAL Photo Release Form

**I give permission for pictures of my child taken during the 2015 spring and summer camps, to be used on the Seminole County Police Athletic League's website and/or camp brochure.**

Name of PAL Camper \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**SWIM WAIVER**

**PARENTAL CONSENT AND WAIVER OF LIABILITY**

FULL NAME/D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

The undersigned parents or guardians (hereinafter the Parents) of the above-named child (hereinafter the Child) hereby consent to the Child's participation in the swimming activities authorized and conducted by the Seminole County PAL, Inc. hereinafter the Corporation), including, but not limited to, Oviedo Splash Zone, Sanford Pool, Typhoon Lagoon, and De Leon Springs State Park (hereinafter the Program). Knowing that he Seminole County PAL, Inc. will rely thereon, the Parents hereby represent that the Child is physically able to participate in the Program and that the Child does not suffer from any condition, sickness, or disease which would impair the Child's ability to participate in the Program or which presents any danger to the well-being of the Child as the result of such participation.

We understand that the Child's participation in the Program is at the Child's own risk and that the Child assumes the hazards of participation in the Program and of any voluntary transportation to and from any activities which are part of the Program. We hereby waive any and all rights of action against the Corporation which shall be deemed to include any and all of its members, officers, trustees, agents and employees, for all injuries and other actionable events, arising out of the Child's participation in the Program or arising out of any condition, sickness, or disease presently affecting the Child; and agree to release, discharge, indemnify and hold harmless the Corporation from any liability arising there from, to defend any action of proceeding against the Corporation as a result thereof and to indemnify the Corporation against any liability or expense incurred by it as a result thereof.

WE CERTIFY THAT WE HAVE READ AND FULLY UNDERSTAND THE FOREGOING PARENTAL CONSENT AND WAIVER OF LIABILITY.

PARENT OR GUARDIAN  
SIGNATURE: \_\_\_\_\_

Witnessed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Printed name and Signature of Witness



## **RELEASE OF LIABILITY & INDEMNITY**

### **READ CAREFULLY BEFORE SIGNING**

In consideration of \_\_\_\_\_ my minor child/ward being allowed to  
(child's name)  
participate in any way in the SEMINOLE COUNTY POLICE ATHLETIC LEAGUE program, related  
events and activities, to be held at \_\_\_\_\_  
(Location of event)

sponsored by the Seminole County Police Athletic League, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential of permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with program's stated and customary terms and conditions for participation. AND NOTE THAT THE RULES ARE SUBJECT TO CHANGE IN THE EVENT OF BAD WEATHER AND/OR OTHER THINGS BEYOND THE CONTROL OF SCPAL. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official [or adult supervisor in the case of non-sports related events] immediately; and
4. I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT ("Release"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extend permitted by law.
6. I further grant the released parties the right to photograph and /or videotape said child or ward and further to use said child or ward's, name, face, likeness, voice and appearance in connection with exhibitors, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise and right herein granted.
7. This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this agreement shall be commenced exclusively in the circuit court of the eighteenth judicial circuit in the and for Seminole County, Florida (or if such circuit court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify I am 18 years of age or older and that I am entering in to this agreement as the parent or legal guardian for a minor that is under 18 years of age.



I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) (PRINT NAME)

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) (PRINT NAME)



## AUTHORIZATION FOR MEDICAL TREATMENT

I do hereby provide permission for any advisor of Seminole County Police Athletic League Day Camp to act on my behalf

on all matters pertaining to the health and welfare of \_\_\_\_\_  
(CHILD'S NAME)

and specifically to act in my/our behalf in caring for and/or authorizing medical, dental, surgical care and hospitalization

during the period of \_\_\_\_\_ while attending any  
(ACTIVITY DATES)

function which is associated with the Seminole County Police Athletic League.

## INSURANCE INFORMATION

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Phone #

## FAMILY PHYSICIAN INFORMATION

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(DATE)





**2015 PAL Day Camp Rates**

Registration Fee  
 (Non – Refundable)  
 Each Child \$70.00

**Weekly Camp Fee**

**(Must be paid on or before the first of every week)**

1st Child \$100.00  
 2nd Child \$90.00  
 3rd & more \$80.00 ea.

2015 Summer Schedule

Choose the weeks that your camper will be attending Summer Day Camp  
 Detach and return the following schedule with your registration.

**2015 Summer Schedule**

**(CAMP WILL BE CLOSED FRIDAY JULY 3<sup>rd</sup> IN OBSERVATION OF INDEPENDENCE DAY)**

Week 1 6/1/15 – 6/5/15	
Week 2 6/8/15 – 6/12/15	
Week 3 6/15/15 – 6/19/15	
Week 4 6/22/15 – 6/26/15	
Week 5 6/29/15 – 7/2/15	
Week 6 7/6/15 – 7/10/15	
Week 7 7/13/15 – 7/17/15	
Week 8 7/20/15 – 7/24/15	
Week 9 7/27/15 – 7/31/15	
Week 10 8/3/15 – 8/7/15	
Week 11 8/10/15 – 8/14/15	

Police Athletic League, 1151 E. 28<sup>th</sup> Street, Sanford, FL 32773  
 407-708-7641 Fax #: 407-708-7673



**Directions**  
**From the Seminole County Sheriff's Office**  
**To the Youth Services Prevention & Enforcement Center**  
**1151 E. 28<sup>th</sup> Street**  
**Sanford, FL 32773**

