

**RESOLUTION NO. 2017-07**

**A RESOLUTION BY THE HILLIARD TOWN COUNCIL OF THE TOWN OF HILLIARD, FLORIDA; AMENDING RESOLUTION NO. 2016-20; SETTING FORTH THE RULES & REGULATIONS; PROGRAMS & FEES; AND FACILITIES & PROPERTIES FOR THE TOWN OF HILLIARD PARKS & RECREATION DEPARTMENT; PROVIDING AN EFFECTIVE DATE.**

**WHEREAS** The Town of Hilliard desires to amend its Resolution promulgating and defining policies instituted by the Town of Hilliard, Florida, in regards to the Parks & Recreation Department. This Resolution shall provide a schedule for programs and fees to be deposited with the Town's Parks & Recreation Department, charges for use of facilities, penalties for property damage and non-compliance of this Resolution, exceptions and an effective date of implementation.

**NOW THEREFORE BE IT RESOLVED**, that the Town of Hilliard has established a new Parks & Recreation Department Policy setting forth rules & regulations; programs & fees; and facilities & properties as an attachment to this Resolution.

**THIS RESOLUTION** adopted this 20th, day of April, 2017 by the Town Council of the Town of Hilliard, Florida, and shall become effective on April 20, 2017 .

---

John P. Beasley  
Council President

ATTEST:

---

Lisa Purvis  
Town Clerk

APPROVED:

---

David Buchanan  
Mayor

**“ATTACHMENT”**  
**HILLIARD PARKS & RECREATION DEPARTMENT**  
**RULES & REGULATIONS**  
**PROGRAMS & FEES**  
**FACILITIES & PROPERTIES**

PROGRAM DATES AND TIMES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

CITY RESIDENCY VERIFICATION – DRIVERS LICENSE AND/OR UTILITY BILL REQUIRED FOR DISCOUNT.

**GENERAL**

PARKS & RECREATION FACILITIES WITHIN THE TOWN OF HILLIARD, FLORIDA ARE MAINTAINED AND FINANCED BY THE TOWN FOR THE HEALTH AND WELLBEING AND PRIMARY USE OF HILLIARD CITIZENS. HOWEVER, PROVISIONS ARE MADE FOR OUT-OF-TOWN USERS. THE FEES CHARGED FOR USE OF THE PARKS & RECREATION FACILITIES ARE NOT DESIGNATED TO COVER THE ENTIRE COST OF MAINTAINING THE FACILITIES BUT TO OFFSET THE COST OF OPERATION SUCH AS STAFF, EQUIPMENT, GAS, ELECTRICITY, WATER/SEWER, GENERAL REPAIR AND CLEANING.

**RETURN CHECK OR DRAFT POLICY:**

IF A CHECK OR DRAFT IS RETURNED BY THE FINANCIAL INSTITUTION ON WHICH IT IS WAS DRAWN, FOR ANY REASON, A FIFTEEN (\$15) DOLLAR FEE WILL BE ADDED TO THE ORIGINAL AMOUNT. THE ORIGINAL AMOUNT, PLUS THE (\$15) FEE, SHALL BE PAID IN CASH OR CERTIFIED FUNDS TO THE PARKS & RECREATION DEPARTMENT WITHIN THIRTY (30) DAYS OF THE ORIGINAL TRANSACTION OR LEGAL ACTION SHALL BE TAKEN TO RECOVER THE TOTAL AMOUNT PLUS EXPENSES.

MEMBERS DESIRING TO CANCEL THEIR MEMBERSHIP SHALL PROVIDE A THIRTY (30) DAY WRITTEN NOTICE.

ALL ~~MEMBERSHIP MEMBERS INCLUDED ON FORMS AND RENTAL FORMS~~ MEMBERSHIP FORMS SHALL REQUIRE A PHOTO ID (DRIVERS LICENSE AND/OR STATE SCHOOL IDENTIFICATION CARD) COPY TO BE ATTACHED AND KEPT ON FILE. RENTAL FORMS SHALL REQUIRE A PHOTO ID OF THE APPLICANT ONLY.

TOWN RESIDENT VERIFICATION CARD – IN ORDER TO RECEIVE TOWN RESIDENT RATES FOR POOL OR FITNESS CENTER DAILY USE, PATRONS MUST SHOW TOWN RESIDENT VERIFICATION CARDS. APPLICATIONS FOR CARDS ARE AVAILABLE AT THE ANNEX BUILDING. PROOF OF RESIDENCY (DRIVER'S LICENSE, TOWN WATER BILL) REQUIRED. FIRST CARD IS FREE ADDITIONAL OR LOST CARDS ARE \$1 EACH. CARDS MUST BE RENEWED SEPTEMBER 30<sup>TH</sup> OF EACH YEAR.

ALL TOWN FACILITIES ARE CLOSED FOR THE FOLLOWING HOLIDAYS EXCEPT SWIMMING POOL FACILITY:  
(IF HOLIDAY ON SATURDAY/FRIDAY CLOSE – IF HOLIDAY ON SUNDAY/MONDAY CLOSE)

- MARTIN LUTHER KING, JR. DAY
- MEMORIAL DAY
- INDEPENDENCE DAY
- LABOR DAY
- VETERANS DAY
- THANKSGIVING DAY
- FRIDAY AFTER THANKSGIVING
- CHRISTMAS EVE

CHRISTMAS DAY  
NEW YEARS EVE  
NEW YEARS DAY

RESERVING AND RENTING PARKS & RECREATION FACILITIES & PROPERTIES  
THE FOLLOWING FACILITIES ARE AVAILABLE FOR PRIVATE RENTAL:

- SWIMMING POOL FACILITY AND SPLASH PAD
- SPLASH PAD ONLY
- OXFORD PARK PICNIC AREA
- BASEBALL FACILITY
- BUCK PARK LARGE PAVILION
- BUCK PARK SMALL PAVILION
- GYM FACILITY
- SEE PRIVATE USE FOR PARTIES OR EVENTS FOR MORE INFORMATION AND FEES

**EXCEPTIONS**

THE COUNCIL MAY APPROVE EXCEPTIONS TO CERTAIN PARTS OF THIS RESOLUTION WHEN, IN THEIR OPINION, THE BEST INTERESTS OF THE TOWN AND ITS CITIZENS ARE SERVICED. SUCH EXCEPTIONS AND/OR RESTRICTIONS SHALL HAVE AN EXPIRATION DATE BUT SHALL NEVER EXCEED ONE (1) YEAR WITHOUT THE REVIEW AND RE-APPROVAL OF THE COUNCIL. THE EXCEPTIONS AND/OR RESTRICTIONS SHALL BE DULY RECORDED AND KEPT ON FILE AT THE PARKS & RECREATION DEPARTMENT FOR THE DURATION OF THE EXCEPTION. A COPY OF THE RECORD STATING THE EXCEPTION SHALL BE PROVIDED TO THE USER AND ANY VIOLATION OF THE EXCEPTION WILL WARRANT THE LOSS OF THOSE SPECIAL PRIVILEGES GRANTED BY THE COUNCIL.

**PENALTIES**

IN ADDITION TO ANY AND ALL PENALTIES IMPOSED ELSEWHERE IN THIS RESOLUTION ANY PERSON, PERSONS, GROUP, PARTY OR INSTITUTION FOUND GUILTY OF LOSS OF OR NEGLIGENT CARE OF THE TOWN'S EQUIPMENT AND/OR PROPERTY SHALL BE FINED IN ACCORDANCE WITH SECTION 1-7 OF THE HILLIARD TOWN CODE.

RECREATION ANNEX FACILITY - 37516 OXFORD STREET	PAGES 3-5
24-HR. FITNESS CENTER FACILITY - 37516 OXFORD STREET - (904) 845-2733	PAGES 5-7
SWIMMING POOL FACILITY - 37516 OXFORD STREET - (904) 845-2531	PAGES 7-9
TOWN GYMNASIUM FACILITY - 27531 WEST THIRD AVENUE	PAGE 9
TOWN SQUARE PARK – 27531 WEST THIRD AVENUE	PAGE 9-10
BASEBALL GROUNDS FACILITY - 371093 OXFORD STREET	PAGE 10
YOUTH SPORTS LEAGUES & ACTIVITIES	PAGE 10-11
PRIVATE USE FOR PARTIES OR EVENTS	PAGES 11-13
PARK NAMES & DESCRIPTIONS	PAGES 14-15

## **RECREATION ANNEX FACILITY**

**37516 OXFORD STREET**

**DIRECTOR'S OFFICE**

PHONE (904) 845-2733

WEBSITE: [www.townofhilliard.com](http://www.townofhilliard.com)

OFFICE HOURS (RANGE)

6:00AM – 6:00PM

MONDAY – FRIDAY

### **PARKS & RECREATION STAFF**

FULL TIME EMPLOYEES:

DIRECTOR

PART TIME EMPLOYEES:

ADMINISTRATIVE ASSISTANT

FITNESS TRAINERS

FITNESS CENTER ATTENDANTS

CHILD WATCH ATTENDANTS

AFTER SCHOOL & SUMMER CAMP ATTENDANTS

FITNESS CLASS INSTRUCTORS (ZUMBA, YOGA, ETC.)

HEALTHWAYS SILVER SNEAKERS INSTRUCTOR

GYMNASTICS INSTRUCTOR

MARTIAL ARTS INSTRUCTOR

GYMNASIUM ATTENDANT

CONCESSIONS ATTENDANT

TEMPORARY SUMMER EMPLOYEES

SUMMER HEAD LIFEGUARD

SUMMER LIFEGUARDS

SUMMER CAMP COUNSELORS

### **OXFORD STREET PARK**

**37516 OXFORD STREET**

PARK HOURS DAWN UNTIL DUSK

SEVEN DAYS A WEEK

### **AFTER SCHOOL PROGRAM**

HOURS OF OPERATION

7:00AM – 6:00PM

MONDAY – FRIDAY

AUGUST – JUNE

DATES TO RUN CONSISTENT WITH NASSAU COUNTY SCHOOL SYSTEM

AFTER SCHOOL

BUS DROP OFF – 6:00PM

ALL DAY

TEACHER PLANNING DAYS & HOLIDAYS TOWN IS OPEN AND SCHOOL IS OUT

GRADES

KINDERGARTEN – FIFTH

### **AFTER SCHOOL RATES**

PM ONLY WEEKLY RATE

CITY/NON

\$60/\$65

DROP IN RATE	\$20/\$25
ADD FOR ALL DAY	\$10/\$10
MULTI KID DISCOUNT	\$10 PER EXTRA KID
LATE PAYMENT FEE	\$15

EPISCOPAL CHILDREN SERVICES MEMBERS ACCEPTED  
 SCHOOL BUS TRANSPORTATION FROM SCHOOL PROVIDED  
 THIS PROGRAM IS STRICTLY INSTRUCTIONAL IN NATURE  
 SNACKS AND DRINKS THAT DO NOT REQUIRE REFRIGERATION ARE PROVIDED DAILY  
 APPLICATIONS AVAILABLE ONLINE OR AT ANNEX FACILITY

**SUMMER CAMP PROGRAM**

**HOURS OF OPERATION**

6:00AM – 6:00PM	MONDAY – FRIDAY
JUNE – AUGUST	DATES TO RUN CONSISTENT WITH NASSAU COUNTY SCHOOL SYSTEM SUMMER BREAK SCHEDULE
AGES	5 – 12 YEARS OLD
TYPICALLY 2 SHIFTS	6:00AM – 12:00PM & 12:00PM – 6:00PM NOTES TAKEN FOR SHIFT TRANSITION

**SUMMER CAMP RATES**

REGISTRATION FEE	CITY/NON \$100/\$110
WEEKLY RATE	\$100/\$110
DROP IN RATE	\$30/\$35
MULTI KID DISCOUNT	\$10 PER EXTRA KID
LATE PAYMENT FEE	\$15

EPISCOPAL CHILDREN SERVICES MEMBERS ACCEPTED  
 4 H PROGRAM OFFERED  
 INDOOR AND OUTDOOR PLAY & ACTIVITIES  
 DAILY SWIMMING & SPLASH PAD FUN  
 BREAKFAST, LUNCH & HEALTHY SNACKS PROVIDED  
 BI-WEEKLY FIELD TRIPS – SCHOOL BUS TRANSPORTATION PROVIDED  
 CAMP T-SHIRTS PROVIDED  
 APPLICATIONS AVAILABLE ONLINE OR AT FACILITY

**YOUTH GYMNASTICS/TUMBLING CLASS RATES**

MONTHLY RATE	CITY/NON \$60/\$65
10 PARTICIPANTS PER CLASS (MINIMUM)	
2 CLASSES PER WEEK	
MULTI KID DISCOUNT	\$10 PER EXTRA KID
LATE PAYMENT FEE	\$15

**YOUTH MARTIAL ARTS CLASS RATES**

MONTHLY RATE	CITY/NON \$60/\$65
10 PARTICIPANTS PER CLASS (MINIMUM)	
2 CLASSES PER WEEK	
MULTI KID DISCOUNT	\$10 PER EXTRA KID

LATE PAYMENT FEE \$15

**ADULT MARTIAL ARTS CLASS RATES** CITY/NON  
MONTHLY RATE \$60/\$65  
10 PARTICIPANTS PER CLASS (MINIMUM)  
2 CLASSES PER WEEK  
LATE PAYMENT FEE \$15

**SILVER SNEAKERS FITNESS CLASSES**

OCTOBER – MAY MONDAY – FRIDAY  
MAY – OCTOBER TUE & THUR  
HEALTHWAYS SILVER SNEAKER APPROVED PROVIDER/LOCATION  
OFFERED 5 DAYS PER WEEK – PLUS AM AQUA IN SUMMER

FITNESS CLASSES BASED ON INSTRUCTOR’S CERTIFICATIONS:

- SILVER SNEAKERS CLASSIC
- SILVER SNEAKERS YOGA
- SILVER SNEAKERS CIRCUIT
- SILVER SNEAKERS MSROM

**24-HOUR FITNESS CENTER FACILITY**

**37516 OXFORD STREET**

HOURS OF OPERATION OPEN 24 HRS/7 DAYS PER WK  
STAFFED: 58 HRS/WK  
6:00AM – 12:00PM; 2:00PM – 8:00 PM MONDAY - THURSDAY 12 HRS X 4 = 48 HRS  
6:00AM – 12:00PM; 2:00PM-6:00PM FRIDAY 10 HRS X 1 = 10 HRS

FITNESS CENTER EQUIPMENT:

- WEIGHTS ROOM/CARDIO AREA HAS FREE WEIGHTS
- CYBEX EQUIPMENT
- PRECOR TREADMILLS
- PRECOR ELLIPTICALS & STEPPER/STAIR CLIMBERS
- VISION INDOOR CYCLE BIKES
- VARIOUS OTHER FITNESS EQUIPMENT

FITNESS CENTER AGE REQUIREMENTS:

- AGES 13-15 WITH ADULT SUPERVISION
- AGES 16-17 UNSUPERVISED BUT WITH WAIVER SIGNED BY PARENT OR GUARDIAN

FITNESS CENTER MEMBERSHIPS:

GUEST MEMBERSHIPS – INDIVIDUALS WHO HAVE NEVER USED OUR FACILITY BEFORE MAY ATTEND 3 DAYS OUT OF A GIVEN WEEK, DURING STAFFED HOURS, AT NO CHARGE.

GROUP MEMBERSHIPS – HAVE THE BENEFIT OF A REGULAR MEMBERSHIP BUT ARE RESTRICTED TO ONE HOUR PER DAY DURING LOW TRAFFIC TIMES FOR A MONTHS DURATION. A RESPONSIBLE PARTY WILL INITIALLY REGISTER THE GROUP, PAY THE TOTAL DUE, AND MAKE SURE THAT ALL APPLICABLE WAIVERS

ARE TURNED IN PRIOR TO THEIR START DATE. CONSISTENT DAY(S) MUST BE INDICATED ON APPLICATION. AFTER THE FIRST MONTH, THE GROUP WILL NEED TO RENEW TO CONTINUE ACCESS.

COUPLE MEMBERSHIPS – LIVING IN THE SAME HOUSEHOLD.

FAMILY MEMBERSHIPS – CHILDREN UP TO AGE 20 OUT OF SCHOOL OR AGE 25 IN SCHOOL, LIVING IN THE SAME HOUSEHOLD WITH PARENTS OR LEGAL GUARDIAN.

MEMBER GET A MEMBER – IF A CURRENT MEMBER RECRUITS A NEW MEMBER THAT STAYS ACTIVE FOR AT LEAST 3 MONTHS, THE RECRUITING MEMBER WILL BE GIVEN ONE MONTH’S MEMBERSHIP FREE.

HEALTHWAYS – PRIME FITNESS APPROVED PROVIDER/LOCATION (INCLUDES: FITNESS CENTER, FITNESS CLASSES & AQUA CLASSES).

HEALTHWAYS – SILVER SNEAKERS APPROVED PROVIDER/LOCATION (INCLUDES: FITNESS CENTER, FITNESS CLASSES & AQUA CLASSES).

CITY RESIDENCY VERIFICATION – DRIVERS LICENSE AND/OR UTILITY BILL REQUIRED FOR DISCOUNT.

24-HR. MEMBERSHIP: INITIAL AND REPLACEMENT KEY FOBS – \$5

PREMISES ARE MONITORED BY VIDEO SURVEILLANCE: ONE PERSON ALLOWED THROUGH THE MAIN DOOR AT A TIME. ANYONE ATTEMPTING TO LET SOMEONE ELSE IN WILL HAVE THEIR MEMBERSHIP IMMEDIATELY REVOKED.

PULL STATIONS AND SECONDARY EXITS ARE LOCATED THROUGHOUT THE FACILITY FOR EMERGENCY USE ONLY

ALL MEMBERSHIP FORMS SHALL REQUIRE A PHOTO ID (DRIVERS LICENSE OR STATE IDENTIFICATION CARD) COPY TO BE ATTACHED AND KEPT ON FILE.

MEMBERS DESIRING TO CANCEL THEIR MEMBERSHIP SHALL PROVIDE A THIRTY (30) DAY WRITTEN NOTICE.

FITNESS CLASSES BASED ON INSTRUCTOR’S CERTIFICATIONS – ZUMBA, SPINNING, YOGA & BODY FIT

**FITNESS CENTER MEMBERSHIP RATES**

	DAILY	DRAFT ONLY MONTHLY	SEMI ANNUAL	ANNUAL
	CITY/NON	CITY/NON	CITY/NON	CITY/NON
INDIVIDUAL	\$5/\$7	\$35/\$40	\$193/\$220	\$385/\$440
COUPLE		\$50/\$55	\$275/\$303	\$550/\$605
FAMILY		\$65/\$70	\$358/\$385	\$715/\$770
FITNESS CLASSES	\$5/\$7	\$30/\$35		

GROUP (10 people or less)	MONTHLY FEE (RENEWABLE)
YOUTH	\$50 – 1 DAY PER WEEK
ADULT	\$250 – 3 DAYS PER WEEK
GROUP (11-20 people)	
YOUTH	\$100 – 1 DAY PER WEEK
ADULT	\$500 – 3 DAYS PER WEEK

**PERSONAL TRAINING**

AVAILABLE PROGRAMS

SPORTS PERFORMANCE TRAINING FOR AGES 13 AND UP

1 ON 1 PERSONAL TRAINING

WEEKEND WARRIOR TRAINING

TRAINING PACKAGES (BY APPOINTMENT)

KINDA SERIOUS (3 MONTHS)

SERIOUS (6 MONTHS)

VERY SERIOUS (12 MONTHS)

**PERSONAL TRAINING RATES**

PER MONTH  
2 x THIRTY (30) min. SESSIONS PER WEEK FOR 4 WEEKS

CITY/NON  
\$160/\$180

**CHILD WATCH OFFERED**

7:00AM – 10:00AM                      MONDAY - FRIDAY  
3:00PM – 7:30PM                        MONDAY – THURSDAY  
3:00PM – 6:00PM                        FRIDAY

**CHILD WATCH RATES**

PER MONTH ADD TO MEMBERSHIP

CITY/NON  
\$20/\$25

**HOME SCHOOL FITNESS CLASS RATES**

DAILY RATE  
2 DAYS PER WEEK  
10 PARTICIPANT PER CLASS

CITY/NON  
\$3/\$5

**SWIMMING POOL FACILITY**

**37516 OXFORD STREET**

POOL SEASON:  
MAY – SEPTEMBER (APPROXIMATELY 4 MOS)

HOURS OF OPERATION DURING SCHOOL’S SUMMER BREAK MONTHS:

9:00AM – 10:00AM	MONDAY – FRIDAY	AQUA CLASS & LAP SWIM
10:00AM – 12:00PM	MONDAY – FRIDAY	PRIVATE SWIM
10:00AM – 12:00PM	SATURDAY	PRIVATE SWIM
5:00PM – 9:00PM	SATURDAY	PRIVATE SWIM
12:00PM – 6:00PM	MONDAY – FRIDAY	PUBLIC SWIM
12:00PM – 5:00PM	SATURDAY	PUBLIC SWIM
1:00PM – 5:00PM	SUNDAY	PUBLIC SWIM

HOURS OF OPERATION DURING SUMMER MONTHS THAT SCHOOL IS IN SESSION:

9:00AM – 11:00AM (RANGE)	MONDAY – FRIDAY	AQUA CLASS & LAP SWIM
CLOSED	MONDAY – THURSDAY	PUBLIC SWIM
4:00PM – 6:00PM	FRIDAY	PUBLIC SWIM
10:00AM – 5:00PM	SATURDAY	PUBLIC SWIM
CALL TO RENT		PRIVATE SWIM

NO POOL SHALL BE OPENED TO THE PUBLIC WITHOUT FIRST BEING CLEANED, VACUUMED AND HAVING A TOWN EMPLOYED SAFETY LIFEGUARD IN PLACE TO MONITOR THE ACTIVITIES OF THE POOL. ALL SEASONAL SWIMMING POOL WORKERS SHALL BE HIRED NO LATER THAN THE MONTH OF APRIL. CITY RESIDENCY VERIFICATION – DRIVERS LICENSE AND/OR UTILITY BILL REQUIRED FOR DISCOUNT



ALL MEMBERSHIP FORMS SHALL REQUIRE A PHOTO ID (DRIVERS LICENSE OR STATE IDENTIFICATION CARD) COPY TO BE ATTACHED AND KEPT ON FILE.

MEMBERS DESIRING TO CANCEL THEIR MEMBERSHIP SHALL PROVIDE A THIRTY (30) DAY WRITTEN NOTICE.

**SWIMMING POOL RULES:**

NO RUNNING

NO DIVING

NO HORSEPLAY

NO SMOKING/NO TOBACCO PRODUCTS

NO GLASS OR BREAKABLE ITEMS

SHOWER BEFORE ENTERING

PROPER SWIMWEAR REQUIRED

CHILDREN UNDER AGE 10 MUST BE ACCOMPANIED BY AN ADULT

SWIM DIAPERS REQUIRED FOR NON POTTY TRAINED CHILDREN

ONLY COAST GUARD APPROVED FLOTATION DEVICES ALLOWED

BATHING CAPACITY 75

NO PETS

NO ALCOHOL OR DRUGS

NO BAD LANGUAGE

**DRAFT ONLY**

<b>SWIMMING POOL RATES</b>	DAILY CITY/NON	MONTHLY CITY/NON	SEASONAL CITY/NON
INDIVIDUAL	\$3/\$5	\$30/\$36	\$90/\$108
COUPLE		\$45/\$54	\$135/\$162
FAMILY		\$60/\$72	\$180/\$216
GROUPS UNDER 10	\$15/\$25	\$100/\$125	\$300/\$375
AQUA CLASSES	\$5/\$7	\$30/\$35	

**AQUA SILVER SNEAKERS FITNESS CLASSES**

MAY – OCTOBER MONDAY – FRIDAY

HEALTHWAYS SILVERSNEAKER APPROVED PROVIDER/LOCATION

OFFERED 5 DAYS PER WEEK – PLUS INDOOR CLASSES YEAR AROUND

AQUA CLASSES OFFERED ARE BASED ON INSTRUCTOR'S CERTIFICATIONS:

AQUA AEROBICS – THIS IS A COMBINATION OF SHALLOW AND DEEP WATER EXERCISE THAT STRENGTHENS MUSCLES AND CARDIOVASCULAR SYSTEM, WITH MINIMAL JOINT STRESS.

AQUA SILVERSNEAKERS AEROBICS – BASIC SHALLOW WATER EXERCISE CLASS INCLUDES CARDIOVASCULAR EXERCISE WITH STRETCHING AND TONING. IT IMPROVES STRESS MANAGEMENT, STRENGTH AND ENDURANCE.

**SWIMMING LESSONS**

GROUP AND PRIVATE SWIM LESSONS:

ARE AVAILABLE FOR CHILDREN AND ADULTS AGES TWO YEARS OLD AND UP.

AVAILABILITY IS LIMITED:

ESPECIALLY DURING THE SUMMER MONTHS, DUE TO LIMITED POOL TIME AND INSTRUCTOR AVAILABILITY.

REQUESTS WILL BE HONORED:

AS TIME AND INSTRUCTOR AVAILABILITY.  
REGISTER FOR SWIMMING LESSONS AT THE ANNEX BUILDING.

**PRIVATE SWIMMING LESSONS RATES**

30 MINUTE SINGLE	CITY/NON
	\$20/\$25
30 MINUTE 4 PACK	\$60/\$80
30 MINUTE 8 PACK	\$100/\$140

FOR ODD NUMBER SWIM PACKAGES (5 LESSONS) ADD 1 FULL PRICE SESSION.

**GROUP SWIMMING LESSONS RATES**

LEVEL 1 & 2 (1 WK COURSES)	CITY/NON
	\$40/\$50
LEVEL 3 & 4 (2 WK COURSES)	\$55/\$68

REGISTRATION IS LIMITED TO ONE SESSION UNTIL THE CURRENT SESSION IS COMPLETED.

**OPTIONAL ADDED PROGRAMS:**

YOUTH SWIM LEAGUES (INSTRUCTOR CAN ASSIST WITH PROGRAM STRUCTURE)  
INFANT SWIM CLASSES (INSTRUCTOR CAN ASSIST WITH PROGRAM STRUCTURE)  
AQUA ZUMBA CLASSES (INSTRUCTOR CAN ASSIST WITH PROGRAM STRUCTURE)  
SCHOOL SWIM LEAGUE (INSTRUCTOR CAN ASSIST WITH PROGRAM STRUCTURE)

**TOWN GYMNASIUM**

**27531 WEST THIRD AVENUE**

HOURS OF OPERATION

APRIL – NOVEMBER

6:00PM – 9:00PM MONDAY, TUESDAY & THURSDAY

DECEMBER – MARCH

CLOSED FOR YOUTH BASKETBALL LEAGUE PRACTICE

**BASKETBALL TOURNAMENT RATES**

3 ON 3 BASKETBALL PER TEAM	\$75
MIN 6 TEAMS	

**OPEN BASKETBALL RATES**

MEMBERSHIP PER MONTH	\$25
----------------------	------

**OPTIONAL ADDED PROGRAMS:**

ADULT VOLLEYBALL LEAGUE

**DH “BUCK BUCHANAN” TOWN SQUARE PARK**

**27531 WEST THIRD AVENUE**

PARK HOURS DAWN UNTIL DUSK

SEVEN DAYS A WEEK

SKATE BOARD/BIKE PARK RULES:

SKATE/RIDE AT YOUR OWN RISK  
 HELMETS, KNEE PADS, AND ELBOW GUARDS ARE REQUIRED  
 WRIST GUARDS ARE RECOMMENDED  
 SHOES REQUIRED  
 NO PETS  
 NO TOBACCO PRODUCTS  
 NO ALCOHOL OR DRUGS  
 NO BAD LANGUAGE  
 NO KIDS UNDER 6 WITHOUT ADULT  
 NO GLASS CONTAINERS  
 KEEP GATES CLOSED  
 NO LITTERING  
 FAILURE TO FOLLOW PARK RULES MAY RESULT IN POTENTIAL SERIOUS INJURY OR DEATH

**BASEBALL GROUNDS FACILITY**

**371093 OXFORD STREET**  
 PARK HOURS DAWN UNTIL DUSK  
 SEVEN DAYS A WEEK

**ADULT CO ED SOFTBALL LEAGUES**

SPRING SEASON        APRIL – JUNE  
 SUMMER SEASON      JULY – AUGUST  
 FALL SEASON         SEPTEMBER – NOVEMBER  
 EACH SOFTBALL TEAM SHALL BE RESPONSIBLE FOR THE FOLLOWING:  
 PAY THE UMPIRE ASSOCIATION FEE.  
 PROVIDE A MINIMUM OF TWO NEW SOFTBALLS PER GAME.  
 PURCHASE AND WEAR TEAM SHIRTS WITH NUMBERS.

**ADULT CO-ED SOFTBALL RATES**

6 TEAMS (MINIMUM)	
PER PERSON	\$40
PER TEAM	\$350

**OPTIONAL ADDED PROGRAMS:**

ADULT CO-ED KICKBALL LEAGUE  
 ADULT CO-ED SOCCER LEAGUE

**YOUTH SPORTS LEAGUES**

**YOUTH SPORTS LEAGUES RATES**

5 TEAMS (MINIMUM)	\$60
50 PLAYERS (MINIMUM)	
MULTI KID DISCOUNT	\$10 PER EXTRA KID
LATE PAYMENT FEE	\$15

YOUTH SOCCER LEAGUES

SPRING SEASON - \_\_\_\_\_  
REGISTRATION - \_\_\_\_\_  
GAMES - \_\_\_\_\_

YOUTH FLAG FOOTBALL & CHEER LEAGUES  
SEASON - \_\_\_\_\_  
REGISTRATION - \_\_\_\_\_  
GAMES - \_\_\_\_\_

YOUTH BASKETBALL LEAGUES  
SEASON \_\_\_\_\_  
REGISTRATION - \_\_\_\_\_  
GAMES - \_\_\_\_\_

**OPTIONAL ADDED PROGRAMS:**

YOUTH KICKBALL LEAGUE  
YOUTH VOLLEYBALL LEAGUE

**RESERVING AND RENTING A FACILITY**

PRIVATE USE FOR PARTIES OR EVENTS CAN BE SCHEDULED IN ADVANCE THROUGH THE ANNEX FACILITY FOR ANY OF THE TOWN'S PARK AND/OR FACILITIES.

**FACILITY SCHEDULING**

THE RULE OF "FIRST-COME, FIRST SERVED" SHALL BE THE NORMAL STANDARD APPLIED WHEN SCHEDULING ANY OF THE PARKS & RECREATION FACILITIES. ANY PERSON, PARTY OR GROUP DESIRING TO USE A FACILITY SHALL APPLY FOR SUCH USE WITH THE PARK & RECREATION DEPARTMENT AND SUCH USE SHALL BE DULY RECORDED BY TOWN EMPLOYEES ON A CALENDAR THAT IS KEPT EXCLUSIVELY FOR THE SCHEDULING OF FACILITIES. A REQUIRED DEPOSIT COLLECTED AND A RECEIPT ISSUED TO THE USER.

NO PERSON, PARTY, INSTITUTION OR GROUP HAS THE RIGHT TO RESERVE ANY FACILITY ON A PERPETUAL BASIS WITHOUT PRIOR APPROVAL AND/OR RESTRICTIONS FROM THE PARKS & RECREATION DIRECTOR. ANY SUCH EXCEPTIONS AND/OR SPECIAL RESTRICTIONS IMPOSED BY THE PARKS & RECREATION DIRECTOR SHALL BE RECORDED AND KEPT ON RECORD AT THE PARKS & RECREATION DEPARTMENT FOR THE DURATION OF THE EXCEPTION AND/OR RESTRICTION.

**RESERVATION/DAMAGE DEPOSITS & RENTAL FEES**

RESERVATION/DAMAGE DEPOSIT SHALL BE PAID IN FULL AT THE TIME OF THE RESERVATION.  
RESERVATION/DAMAGE DEPOSIT = 50% OF THE RENTAL FEES BEFORE TAXES OR \$25 MINIMUM.  
RESERVATION/DAMAGE DEPOSITS ARE NOT HELD OR ROLLED OVER FOR RE-OCCURRING RENTALS.  
RESERVATION/DAMAGE DEPOSIT SHALL BE REFUNDED WITHIN 2 TO 3 WEEKS AFTER THE RENTAL DATE.  
AFTER THAT TIME, A CHECK WILL BE PROCESSED AND MAILED TO THE RENTER AT THE ADDRESS PROVIDED ON THE FACILITY RENTAL AGREEMENT.  
DAMAGE TO A FACILITY/PARK, VIOLATION OF POLICIES, OR FAILURE TO PROVIDE GENERAL CLEAN-UP WILL RESULT IN FORFEITURE OF THE DAMAGE DEPOSIT AND DENIAL OF FUTURE RESERVATIONS.  
AN ADDITIONAL FEE WILL BE CHARGED IF DAMAGE EXCEEDS THE DEPOSIT.

RENTAL FEES MUST BE PAID IN FULL, 10 DAYS PRIOR TO THE EVENT, OR AUTOMATIC CANCELLATION GOES INTO EFFECT WITH NO NOTIFICATION, AS WELL AS FORFEITURE OF THE DEPOSIT. MASTERCARD AND VISA ARE ACCEPTED AND CAN BE PAID OVER THE PHONE. NO RENTALS PAST 9:00 P.M. WITHOUT PRIOR APPROVAL.

ALL RENTAL FORMS SHALL REQUIRE A PHOTO ID (DRIVERS LICENSE OR STATE IDENTIFICATION CARD) COPY TO BE ATTACHED AND KEPT ON FILE.

ALL RENTAL DEPOSITS AND FEES SHALL BE PAID IN ADVANCE OF USE AT THE PARK & RECREATION DEPARTMENT AND A RECEIPT SHALL BE ISSUED. THE RECEIPT AND/OR RENTAL AGREEMENT ISSUED BY THE DEPARTMENT MUST BE KEPT BY THE PERSON RESPONSIBLE FOR THE FACILITY AND MUST BE PRESENTED, UPON REQUEST, TO ANY OFFICIAL OF THE TOWN.

**CANCELLATION**

MUST BE MADE TWO WEEKS BEFORE DATE OF EVENT, OR THE RESERVATION/DAMAGE DEPOSIT IS FORFEITED.

**PARK RENTAL RULES & REGULATIONS**

ALL TRASH GENERATED FROM A RENTER’S EVENT MUST BE BAGGED AND TAKEN AWAY FROM THE PARK.

PLEASE DO NOT USE THE CANS IN THE PARK.

IF THE PARK IS NOT LEFT IN A NEAT AND CLEAN CONDITION, THE RESERVATION/DAMAGE DEPOSIT WILL BE FORFEITED.

**RENTER RESPONSIBILITIES**

RENTER IS RESPONSIBLE FOR SET-UP, BREAK-DOWN, CLEAN-UP AND PLACING BAGGED TRASH IN DUMPSTER (PARKING LOT OF ANNEX FACILITY). ADDITIONAL TRASH THAT WILL NOT FIT INSIDE THE DUMPSTERS MUST BE REMOVED FROM THE PROPERTY BY THE RENTER.

GYM FLOORS SHOULD BE LEFT IN BROOM CLEAN CONDITION. SEE ATTENDANT FOR MOP/BROOM.

**ALCOHOL & TOBACCO PRODUCTS**

ALL FACILITIES ARE DESIGNATED “NO ALCOHOL” & “NO TOBACCO PRODUCTS”. THIS WILL BE STRICTLY ENFORCED.

**MEMBRANE STRUCTURES**

MEMBRANE STRUCTURES (BOUNCE HOUSES, INFLATABLE SLIDES, ETC) WILL BE PERMITTED WITH PROOF OF INSURANCE FROM THE OUTSIDE AGENCY SUPPLYING THE STRUCTURE, AND THE RENTER WILL ASSUME FULL LIABILITY.

A \$25 PERMIT FEE APPLIES FOR A MEMBRANE STRUCTURE (UP TO 4 MEMBRANE STRUCTURES ON THE SAME PERMIT APPLICATION).

**SWIMMING POOL FACILITY**

**37516 OXFORD STREET**

HOURS OF OPERATION DURING SCHOOL’S SUMMER BREAK MONTHS:

10:00AM – 12:00PM	MONDAY – FRIDAY	PRIVATE SWIM
10:00AM – 12:00PM	SATURDAY	PRIVATE SWIM
5:00PM – 9:00PM	SATURDAY	PRIVATE SWIM

HOURS OF OPERATION DURING SUMMER MONTHS THAT SCHOOL IS IN SESSION:  
CALL TO RENT PRIVATE SWIM

**FACILITY RENTAL RATES**

POOL & SPLASH PAD RESERVATION/DAMAGE DEPOSIT	\$58 (MINIMUM)
POOL & SPLASH PAD HOURLY RATE	\$85
POOL LIFEGUARD(S) RATE PER HOUR (2 PER 35 PEOPLE)	\$30
SPLASH PAD ONLY RESERVATION/DAMAGE DEPOSIT	\$38 (MINIMUM)
SPLASH PAD ONLY HOURLY RATE (UP TO 25 PEOPLE INCLUDES ATTENDANT)	\$75

**OXFORD STREET PARK**

**37516 OXFORD STREET**

PARK HOURS DAWN UNTIL DUSK  
SEVEN DAYS A WEEK

**PICNIC AREA RENTAL RATES**

OXFORD PARK PICNIC RESERVATION/DAMAGE DEPOSIT	\$25 (MINIMUM)
OXFORD PARK PICNIC AREA HOURLY RATE	\$10

**BASEBALL GROUNDS FACILITY**

**NORTH OXFORD PARK**

**371093 OXFORD STREET**

PARK HOURS DAWN UNTIL DUSK  
SEVEN DAYS A WEEK

**PARK RENTAL RATES**

OXFORD BALL PARK RESERVATION/DAMAGE DEPOSIT	\$33 (MINIMUM)
OXFORD BALL PARK DAILY RATE	\$65

**DH "BUCK BUCHANAN" TOWN SQUARE PARK**

**27531 WEST THIRD AVENUE**

PARK HOURS DAWN UNTIL DUSK  
SEVEN DAYS A WEEK

**PARK PICNIC & GRILL PAVILION RENTAL RATES**

BUCK PARK RESERVATION/DAMAGE DEPOSIT	\$25 (MINIMUM)
BUCK PARK LARGE PAVILION PER HOUR	\$20
BUCK PARK SMALL PAVILION PER HOUR	\$10

**TOWN GYMNASIUM**

**27531 WEST THIRD AVENUE**

**FACILITY RENTAL RATES**

GYMNASIUM RESERVATION/DAMAGE DEPOSIT	\$35 (MINIMUM)
GYMNASIUM HOURLY RATE (INCLUDES ATTENDANT)	\$70

**OPTIONAL ADDED PROGRAMS:**

SKATE BOARD/BIKE PARK RENTAL

**PARK NAMES & DESCRIPTIONS**

**D.H. "BUCK" BUCHANAN TOWN SQUARE PARK**

**27531 WEST THIRD AVENUE, HILLIARD, FL 32046**

PROPERTY 1947 ACRES 1.89  
PAST PROPERTY USE: VACANT LOT DEEDED PUBLIC SQUARE ON CORNWALL SURVEY  
CURRENTLY ON PROPERTY: HHS GYM RELOCATED ON PROPERTY IN 1987  
IMPROVEMENTS ON PROPERTY: BUCK PARK PHASES I, II & III  
FAA DONATED IN 2015: 2 LARGE GROUND TO PLAY EQUIPMENT STRUCTURES

FRDAP PROJECT NO. F99058 FY 1998/1999

PHASE I \$49,999.79

MIRACLE PLAYGROUND AREA-(REPLACED WITH FAA DONATED PLAYGROUND EQUIPMENT), 12X24 PICNIC PAVILION AREA, CONCRETE WALKING TRAIL WITH BENCHES, PARKING, FENCE & SIGN.

FRDAP PROJECT NO. F06015 FY 2007/2008

PHASE II \$202,022.76

EARTHSCAPES PLAYGROUND AREA, 24X64 PICNIC PAVILION AREA, RESTROOM BUILDING WITH WATER FOUNTAIN, PARKING, FENCE RELOCATE & SIGN LANDSCAPING.

FRDAP PROJECT NO. A09187 FY 2008/2009

PHASE III \$185,610.84

100X100 SKATE PARK EQUIPMENT ON 40X40 CONCRETE SLAB, BLEACHERS WITH CANOPY, FENCE & SIGNS.

**OXFORD STREET PARK**

**37516 OXFORD STREET, HILLIARD, FL 32046**

PROPERTY 1960 ACRES 6.113  
PAST PROPERTY USE: RECREATION CENTER, SWIMMING POOL, HHS FOOTBALL FIELD & LITTLE LEAGUE FIELD  
CURRENTLY LOCATED ON PROPERTY: RECREATION CENTER (FITNESS CENTER)  
IMPROVEMENTS ON PROPERTY: OXFORD STREET PARK PHASES I, II & III  
FAA DONATED IN 2015: 6,000 SQ FT MODULAR BUILDING (ANNEX BUILDING) WITH INDOOR & OUTDOOR KIDS PLAY EQUIPMENT & FURNISHINGS

FRDAP PROJECT NO. F2163 FY 2000/2001

PHASE I \$80,516.87

BURKE PLAYGROUND AREA, BASKETBALL COURT, SHUFFLEBOARD COURT, PICNIC AREA, BENCHES, PARKING, FENCE & SIGN.

FRDAP PROJECT NO. F02105 FY 2001/2002

PHASE II \$499,661.72

JR OLYMPIC SWIMMING POOL, RESTROOM & EQUIPMENT BUILDING, PATIO FURNITURE, FENCE & LANDSCAPING.

FRDAP PROJECT NO. F06014                      FY 2007/2008

PHASE III    \$200,710.49

KIDDIE SPLASH PAD, SAND VOLLEYBALL COURT, RESTROOM BUILDING WITH WATER FOUNTAIN & FENCE.

**NORTH OXFORD STREET PARK**

**371093 OXFORD STREET, HILLIARD, FL 32046**

PROPERTY 1961                                      ACRES 4.33

PAST PROPERTY USE:                              BASEBALL FIELD & SWIMMING POOL

CURRENTLY LOCATED ON PROPERTY:      AMERICAN TOWER (CELL TOWER), PAVILION, RESTROOM BUILDING, BASEBALL FIELD

IMPROVEMENTS ON PROPERTY:              NORTH OXFORD STREET PARK PHASE I

FRDAP PROJECT NO. F03553                      FY 2003/2004

PHASE I    \$80,304.67

GAME TIME PLAYGROUND AREA, BASKETBALL COURT REFURBISHED, BASEBALL FIELD REFURBISHED, DUGOUTS & BENCHES, RESTROOM & STORAGE BUILDING REFURBISHED, PARKING, FENCE & SIGN.







# AFTER SCHOOL | Health Info



## HEALTH HISTORY

Name any **medical** conditions, **past or present**, which would restrict physical activities to safeguard your child (ex. allergies, diabetes, seizures, asthma, etc.): \_\_\_\_\_

(If additional space is needed please attach a separate sheet of paper)

## MEDICATION

Is your child taking any prescription medications?  Yes  No

If yes, please specify \_\_\_\_\_

(If additional space is needed please attach a separate sheet of paper)

## ILLNESS

Children will be sent home if they have a contagious disease, earache, vomiting, diarrhea, or a temperature of 100° or higher. Children may return to camp after 24 hours of being symptom free.

If a child has lice he/she may not return to camp until the lice and nits (eggs) have completely cleared. HP&R staff will be required to do a lice check before the parent drops off his/her child.

## MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the Town of Hilliard Parks and Recreation Dept. or agent to make emergency medical decisions on behalf of my child, if required by law or a health care provider. I understand that the Town of Hilliard will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the Town of Hilliard Parks and Recreation Dept. in the event of any health changes which would restrict my child's participation in any normal physical activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Child's Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

BY \_\_\_\_\_

PERSONALLY KNOWN: \_\_\_\_\_ PRODUCED IDENTIFICATION: \_\_\_\_\_ TYPE: \_\_\_\_\_

NOTARY PUBLIC, STATE OF FLORIDA  
NOTARY PUBLIC STATE OF FLORIDA AT LARGE

Notary's Name (printed)

MY COMMISSION EXPIRES: \_\_\_\_\_ NOTARY SEAL





# AFTER SCHOOL | Payment Guidelines



**\*Residency verification requirement:** HP&R will need to obtain a copy of your driver's license/state ID (and in some cases utility bill) for proof of residency within Hilliard's city limits. The copy also serves as identification for any check or debit/credit card payments to the Town.

First week payment is due upon enrollment. Payments are due on Monday of the week that your child attends. If payment is not received by Wednesday at 6:00PM a \$15 late fee will be added to the balance of your account. If the required payment and late fee have not been paid by the end of the week, the child cannot return until the total balance is paid.

There will be a \$15 late pick-up fee assessed for every quarter hour after 6:00 pm that your child remains in our watch

Special payment arrangements can be made by contacting the Parks and Recreation Director. Even though payment arrangements are made, if the payment is late there will still be a late fee added.

"Drop-in" is considered as no more than 1 day per week. Anything over 1 day will be considered at the weekly rate.

"All day watch" is provided when school is out for an additional fee. If school is only out for 1 day that week then a fee of \$10 will be added to the weekly amount if your child/children attend. If school is out for more than 1 day then the fee is \$35 per day that your child/children attend until the weekly rate of \$100 is reached.



# AFTER SCHOOL | Emergency Contact Info

Print Child's Name: \_\_\_\_\_  
Last, First Middle

Father's Name: \_\_\_\_\_ Allowed to pick child up?  Yes  No

Mother's Name: \_\_\_\_\_ Allowed to pick child up?  Yes  No

Step Father's Name: \_\_\_\_\_ Allowed to pick child up?  Yes  No

Step Mother's Name: \_\_\_\_\_ Allowed to pick child up?  Yes  No

Guardian Name(s): \_\_\_\_\_ Allowed to pick child up?  Yes  No

**If a parent/guardian cannot be reached in the event of an emergency or illness, please list other individuals who are authorized to pick up child (please print)**

Authorized Name\* (not nickname)

_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____

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

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**\*PROPER IDENTIFICATION MUST BE SHOWN BEFORE CHILD WILL BE RELEASED FOR PICK-UP - - NO EXCEPTIONS!**



# SUMMER CAMP Registration

Date of Enrollment: \_\_\_\_\_

Print Child's Name: \_\_\_\_\_  
 Last, First Middle

Prefers to be called: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Shirt Size: YXS YS YM YL AS AM AL

### Family Information

Mother / Guardian name: \_\_\_\_\_

Father / Guardian name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

- Weekly Calendar/Themes, Discipline Policy, and other information located in parent packet
- Children must be signed in/out and picked up by 6:00 pm.
- Your child should dress appropriately, preferably shorts, t-shirt, and tennis shoes. Camp t-shirts should be worn on field-trip days
- Breakfast, Lunch, and snack will be provided daily.
- Parents have the responsibility of guiding their child's behavior at home and influencing their conduct outside the home. Age appropriate rules of conduct will apply to all children and they are expected to fully comply with all rules in a respectful manner. Failure to do so may result in dismissal from the Summer Camp program.
- Registration Fee includes: Field Trips, Camp T-Shirt, Weekly Pizza Cost

<b>RATES*</b>	<b>CITY / NON</b>
REGISTRATION FEE	\$100 / \$110
WEEKLY RATE	\$100 / \$110
DROP IN RATE	\$30 / \$35
MULTI KID DISCOUNT	\$10 PER EXTRA KID



# SUMMER CAMP | Health Info



## HEALTH HISTORY

Name any **medical** conditions, **past or present**, which would restrict physical activities to safeguard your child (ex. allergies, diabetes, seizures, asthma, etc.): \_\_\_\_\_  
(If additional space is needed please attach a separate sheet of paper)

## MEDICATION

Is your child taking any prescription medications?  Yes  No  
If yes, please specify \_\_\_\_\_  
(If additional space is needed please attach a separate sheet of paper)

## ILLNESS

Children will be sent home if they have a contagious disease, earache, vomiting, diarrhea, or a temperature of 100° or higher. Children may return to camp after 24 hours of being symptom free.

If a child has lice he/she may not return to camp until the lice and nits (eggs) have completely cleared. HP&R staff will be required to do a lice check before the parent drops off his/her child.

## MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the Town of Hilliard Parks and Recreation Dept. or agent to make emergency medical decisions on behalf of my child, if required by law or a health care provider. I understand that the Town of Hilliard will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the Town of Hilliard Parks and Recreation Dept. in the event of any health changes which would restrict my child's participation in any normal physical activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Child's Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

BY \_\_\_\_\_

PERSONALLY KNOWN: \_\_\_\_\_ PRODUCED IDENTIFICATION: \_\_\_\_\_ TYPE: \_\_\_\_\_

NOTARY PUBLIC, STATE OF FLORIDA  
NOTARY PUBLIC STATE OF FLORIDA AT LARGE

Notary's Name (printed)

MY COMMISSION EXPIRES: \_\_\_\_\_ NOTARY SEAL



# SUMMER CAMP | Statement of Liability

Print Child's Name: \_\_\_\_\_  
Last, First Middle

I, the undersigned, indemnify, save and hold harmless the Town of Hilliard/Town of Hilliard Parks & Recreation Department, Council members, Directors, employees and agents (the "Releasees") from any liability or medical expense resulting from any sickness, accident, or injury of or experienced by my child\* while he/she is participating in any activity on or off Town premises.

\*As used in this form, the term "my child" means, but is not limited to, a child born into my immediate family, an adopted child, grandchild, stepchild, or a child who is my ward and over whom I have legal guardianship. By signing below, I affirm and warrant that I have permission or authority to execute this waiver and release on behalf of my child and to bind all other persons who might seek to make a claim against the Releasees for any injury, loss, damage or expense contemplated in this waiver and release.

When my child uses any of the Town of Hilliard's facilities or participates in any activity, he/she does so at his/her own risk. I understand and agree that the Releasees are not responsible for my child's medical expenses and that the Town of Hilliard does not provide any medical insurance to cover my child's medical expenses should he/she become sick or injured. I am responsible for my own child's medical expenses and will file any medical claim with my own insurance company or pay the cost myself.

I hereby covenant not to sue and I release, waive, and discharge the Releasees from all liability to my child, myself, any personal representative, assigns, heirs, and next of kin for any loss or damage and for any claim or demand therefore on account of injury to my child's or my person or property, even if the injury results in the death of my child or me, whether caused by the Releasees' negligence or otherwise while my child is or I am in, upon, or about the premises, using any facilities or equipment, or participating in any off-site programs.

I assume full responsibility for and of bodily injury, death, or property damage due to the Releasees' negligence or otherwise when in, about, or upon the premises of the Town of Hilliard Parks & Recreation facilities or participating in any off-site programs.

I give permission to the Town of Hilliard Parks and Recreation Department to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my and my family members' image(s) or voice(s) for purposes of promoting the Town of Hilliard Parks and Recreation programs. I also further agree that this entire waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and that if any part of it is held invalid, it is agreed that the balance will continue in full legal force and effect.

Acceptance: I have read and voluntarily sign this waiver and release of liability and indemnification agreement and further agree that no oral representation, statements, or inducement apart from the forgoing written have been made. I further agree that while every reasonable precaution will be taken to insure the safety and well-being of my child, I will in no way hold The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees responsible for any accidents affecting my child. In no way will The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees be held liable for damage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
-----

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

BY \_\_\_\_\_

PERSONALLY KNOWN: \_\_\_\_\_ PRODUCED IDENTIFICATION: \_\_\_\_\_ TYPE: \_\_\_\_\_

NOTARY PUBLIC, STATE OF FLORIDA  
NOTARY PUBLIC STATE OF FLORIDA AT LARGE

Notary's Name (printed)

MY COMMISSION EXPIRES: \_\_\_\_\_ NOTARY SEAL





# SUMMER CAMP | Payment Guidelines



**\*Residency verification requirement:** HP&R will need to obtain a copy of your driver's license/state ID (and in some cases utility bill) for proof of residency within Hilliard's city limits. The copy also serves as identification for any check or debit/credit card payments to the Town.

First week payment is due upon enrollment. Payments are due on Monday of the week that your child attends. If payment is not received by Wednesday at 6:00PM a \$15 late fee will be added to the balance of your account. If the required payment and late fee have not been paid by the end of the week, the child cannot return until the total balance is paid.

There will be a \$15 late pick-up fee assessed for every quarter hour after 6:00 pm that your child remains in our watch

Special payment arrangements can be made by contacting the Parks and Recreation Director. Even though payment arrangements are made, if the payment is late there will still be a late fee added.

"Drop-in" is considered as no more than 1 day per week. Anything over 1 day will be considered at the weekly rate.

## **Attendance**

This is a ten (10) week program where each registered participant is **required to pay for a minimum of eight (8) full weeks**. Therefore, each child may take up to two (2) weeks scheduled vacation from attendance in program. If your child starts camp two (2) weeks late there will be no vacation weeks permitted.



# SUMMER CAMP | Emergency Contact Info

Print Child's Name: \_\_\_\_\_  
Last, First Middle

Father's Name: \_\_\_\_\_ Allowed to pick child up?  Yes  No

Mother's Name: \_\_\_\_\_ Allowed to pick child up?  Yes  No

Step Father's Name: \_\_\_\_\_ Allowed to pick child up?  Yes  No

Step Mother's Name: \_\_\_\_\_ Allowed to pick child up?  Yes  No

Guardian Name(s): \_\_\_\_\_ Allowed to pick child up?  Yes  No

**If a parent/guardian cannot be reached in the event of an emergency or illness, please list other individuals who are authorized to pick up child (please print)**

Authorized Name\* (not nickname)

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**\*PROPER IDENTIFICATION MUST BE SHOWN BEFORE CHILD WILL BE RELEASED FOR PICK-UP - - NO EXCEPTIONS!**



<b>OFFICE USE ONLY</b>	
Staff Initials _____	
Payment Type _____	
Amount _____	
Access Card # _____	
<input type="checkbox"/> \$5 card fee(s) collected	

**MEMBERSHIP Application**

Legal First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Prefers \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Nbr. \_\_\_\_\_

**Type of Membership** (Choose one):  Individual  Couple  Family\*\*  Guest Pass  Group\*

(Choose one): **Fitness Center** – DRAFT:  Monthly  Semi-Annual  Annual **Pool** –  Monthly  Seasonal

(Choose one):  City Member\*\*  Non-City  Healthways Prime (0555)  SilverSneakers (2300)  N/A

(OPTIONAL):  Child Watch (add-on)  Fitness Classes  Personal Training  Homeschool Fitness

(Group options):  Youth (1 x wk)  Adult (3 x wk) # of people \_\_\_\_ DAY(S):  M  T  W  H  F TIME \_\_\_\_\_

**Initial, additional, and replacement 24-hour access cards are \$5 each.**

**Legal Names of Additional Household Members to be included:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**Draft Authorization (for monthly Fitness Center ONLY):**

I hereby authorize the Town of Hilliard Parks & Recreation to initiate debits on my account with the bank (indicated on the attached **voided check**) OR credit card number provided below for membership payment and/or contributions. **It is understood that the EFT or wire transfer for my membership will remain in effect until Hilliard Parks & Recreation has received 30 days written notice from me for the termination of this agreement. Based on my termination date, another EFT or wire transfer may apply.** I understand any draft returned from my bank or credit card due to insufficient funds will be assessed a service charge of \$15.00. **Accounts will be drafted 30 days from membership date.**

\_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

\_\_\_\_\_ VISA \_\_\_\_\_ MC Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_ AMX \_\_\_\_\_ DIS (Card information will be cleared from paperwork once your account is setup)

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Additional waivers apply

\*\* Please see next page for Residency & other membership requirements



# MEMBERSHIP | Statement of Liability

## Conditions of Membership

**\*\*Residency verification requirement: HP&R will need to obtain a copy of a driver's license/state ID (and in some cases utility bill or Student ID) for proof of residency within Hilliard's city limits for ALL members associated with the account.** The copy also serves as identification for any check or debit/credit card payments to the Town.

All members are required to present a valid membership card for identification when using the Hilliard Parks & Recreation facilities and programs. Membership privileges and cards are not transferable, remain the property of Hilliard Parks & Recreation, and must be returned upon request or at the end of the membership term. The Hilliard Parks & Recreation Department reserves the rights to refuse or revoke any membership.

## Waiver, Release, Assumption of Risk, and Indemnification

This covenant is given in consideration of the health, recreational, and other benefits to be derived from my use of the Hilliard Parks & Recreation Department premises, facilities, equipment, and programs (on- or off-site), and in consideration of Hilliard's waiver of any requirement that I carry liability insurance prior to being allowed to use, enter, or participate in the Department's premises, facilities, equipment, and programs (on- or off-site). By signing below, I acknowledge, agree, and represent that I have inspected, or immediately upon entering will inspect, the Department's facilities, equipment, and any off-site premises. I acknowledge and agree that my use of, remaining upon, or participation in the Department's premises, facilities, equipment, and programs, means that I find and accept the same as being safe and reasonably suited for the purposes of use, participation, observation, or spectating.

IN FURTHER CONSIDERATION OF THE ABOVE, BY SIGNING BELOW I AGREE TO THE FOLLOWING:

1. I release, waive, and discharge the Town of Hilliard Parks and Recreation Department/Town of Hilliard, its Directors, Council members, employees and agents (the "Releasees") from all liability whatsoever to me, my personal representative, successors, assigns, heirs and next of kin for any personal or property injury, loss, damage, or death, whether caused by the Releasees' negligence, gross negligence, or otherwise. I further agree not to sue the Releasees and I expressly waive any claim or demand against the Releasees on account of any personal or property injury, loss, damage, or death, whether caused by the Releasees' negligence, gross negligence, or otherwise.
2. I agree to indemnify, save and hold harmless the Releasees from any personal or property loss, liability, damage or cost they may incur due to my presence in, upon, or about the Parks & Recreation Department premises, including participating in or observing any off-site programs, whether the loss, liability, damage or cost is caused by the negligence or gross negligence of the Releasees or otherwise.
3. I assume full responsibility for and of bodily injury, death, or property damage due to the negligence of the Releasees or otherwise while I am in, about, or upon the premises of the Town of Hilliard Parks & Recreation, or participating in or spectating at any off-site programs, or while using the premises or any facilities or equipment thereon. I give permission to the Town of Hilliard Parks & Recreation Department to use, without limitation or obligation, photographs, film footage or tape recordings that may include my own and my family members' image(s) or voice(s) for the purpose of promoting the Town of Hilliard Parks & Recreation Department programs. I further agree that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any part of it is held invalid, I agree and acknowledge that the balance of it shall continue in full legal force and effect.

## Acceptance

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree and acknowledge that no oral representation, statements or inducement apart from the forgoing have been made. I also accept the conditions of membership set forth above by the Town of Hilliard Parks & Recreation Department, and hereby apply for membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# FITNESS CENTER | Code of Conduct

1. Everyone must be a paid member or paid guest.
  - a) Premises monitored by video surveillance: Each member MUST scan their key fob
  - b) Anyone attempting to let non-members (or members without their key fobs) in will have their membership immediately revoked.
2. Children are allowed to exercise under the following conditions:
  - a) Children ages 13-15 can attend with parent supervision
  - b) Children ages 16-17 may attend by themselves with a signed waiver by their parent
3. Everyone that attends the Fitness Center to exercise must wear proper attire:
  - a) Tennis shoes (no open toes shoes, sandals or bare feet)
  - b) Shirts will be worn at all times on the fitness floor
  - c) Pants will be worn at the waist (no underwear will be visible)
4. Each member (including children ages 13-17) must attend an orientation to the facility prior to exercising for the first time.
5. Each participant is responsible to wipe down equipment immediately after they use it:
  - a) Paper towels and cleaning spray are provided for this purpose
  - b) All paper towels will be disposed in the trash cans throughout the workout area
6. The Fitness Center is not responsible for personal items being lost or stolen:
  - a) Everyone will need to bring their own music and ear phones
  - b) Lockers are available upon request
7. Everyone will respect others on the fitness floor:
  - a) Use respectful language
  - b) Wait to use a piece of equipment
  - c) Wiping off the equipment immediately after use
8. If applicable, all parents/guardians must check Child Watch children in/out with attendant:
  - a) All parents/guardians must take their child with them when they leave the facility
  - b) If a child becomes unruly, the parent/guardian will be asked to handle the situation
  - c) If a child is visibly sick the parent/guardian will be requested to remove the child

**I have read and voluntarily initial this HP&R Fitness Center Code of Conduct and understand if I do not follow all aspects I may be asked to leave the premises and if I refuse, other measures can be taken.**

Applicant read Initials \_\_\_\_\_



# POOL | Code of Conduct

1. Everyone must check in at the gate and shower before entering the water.
2. All non-members (those who are not members of the Fitness Center or don't have pool memberships) must sign-in and pay before entering.
3. All children under 15 will be tested on swimming abilities and given a color-coded necklace for the duration of their visit:
  - a) Red necklace – NOT permitted in the pool unless the parent/guardian is in the pool with them (within arm's reach). Otherwise, they must stay in the splash-pad area. Unless working with parent/guardian in the pool, they must also wear a Coast Guard approved life jacket/PFD.
  - b) Yellow necklace – allowed to stay in water that is armpit deep or less.
  - c) Green necklace – permitted in all parts of the pool.
4. NO diapers or pull-ups allowed in the pool or splash-pad. Swim diapers must be changed in restroom area, not on pool deck.
5. Parents/guardians should monitor their children closely. If children become unruly, a parent/guardian will be asked to handle the situation.
6. If a child is visibly sick, the parent/guardian will be asked to remove the child immediately from the premises.
7. Proper attire must be worn: no thong bottoms, female tops must fit properly, and male swimwear must be worn at the waist. (No underwear should be visible).
8. NO food, drinks, animals, or glass permitted within the gates of the pool area.
9. NO inappropriate body contact allowed.
10. NO urinating in the pool, it reduces the cleanliness of the water. We have clean restrooms for your use.
11. NO smoking or tobacco use.
12. NO profanity, swallowing water, or breath-holding/underwater lap swimming.
13. NO running, horseplay, playing on ladders, or hanging on lap lanes.
14. Pool will close for 30 minutes after thunder or lightning occur.
15. **NO DIVING.**

Failure to follow Pool Code of Conduct may result in being banned from use of the pool for the remainder of the pool season.

**I have read and voluntarily initial this pool code of conduct and understand if I do not follow all aspects I may be asked to leave the premises and if I refuse, other measures can be taken.**

Applicant read Initials \_\_\_\_\_





# SWIM LESSONS | Statement of Liability

Participant's Name: \_\_\_\_\_  
Last, First Middle

I, the undersigned, indemnify, save and hold harmless the Town of Hilliard/Town of Hilliard Parks & Recreation Department, Council members, Directors, employees and agents (the "Releasees") from any liability or medical expense resulting from any sickness, accident, or injury of or experienced by my child\* while he/she is participating in any activity on or off Town premises.

\*As used in this form, the term "my child" means, but is not limited to, a child born into my immediate family, an adopted child, grandchild, stepchild, or a child who is my ward and over whom I have legal guardianship. By signing below, I affirm and warrant that I have permission or authority to execute this waiver and release on behalf of my child and to bind all other persons who might seek to make a claim against the Releasees for any injury, loss, damage or expense contemplated in this waiver and release.

When my child uses any of the Town of Hilliard's facilities or participates in any activity, he/she does so at his/her own risk. I understand and agree that the Releasees are not responsible for my child's medical expenses and that the Town of Hilliard does not provide any medical insurance to cover my child's medical expenses should he/she become sick or injured. I am responsible for my own child's medical expenses and will file any medical claim with my own insurance company or pay the cost myself.

I hereby covenant not to sue and I release, waive, and discharge the Releasees from all liability to my child, myself, any personal representative, assigns, heirs, and next of kin for any loss or damage and for any claim or demand therefore on account of injury to my child's or my person or property, even if the injury results in the death of my child or me, whether caused by the Releasees' negligence or otherwise while my child is or I am in, upon, or about the premises, using any facilities or equipment, or participating in any off-site programs.

I assume full responsibility for and of bodily injury, death, or property damage due to the Releasees' negligence or otherwise when in, about, or upon the premises of the Town of Hilliard Parks & Recreation facilities or participating in any off-site programs.

I give permission to the Town of Hilliard Parks and Recreation Department to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my and my family members' image(s) or voice(s) for purposes of promoting the Town of Hilliard Parks and Recreation programs. I also further agree that this entire waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and that if any part of it is held invalid, it is agreed that the balance will continue in full legal force and effect.

Acceptance: I have read and voluntarily sign this waiver and release of liability and indemnification agreement and further agree that no oral representation, statements, or inducement apart from the foregoing written have been made. I further agree that while every reasonable precaution will be taken to insure the safety and well-being of my child, I will in no way hold The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees responsible for any accidents affecting my child. In no way will The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees be held liable for damage.

\_\_\_\_\_  
Signature of authorizing Parent/Guardian  
OR Adult participant

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date





# ADULT CO-ED SOFTBALL LEAGUE Registration

**NOTE: Please print.**

Today's Date: \_\_\_\_\_

Team Manager: \_\_\_\_\_ Team Name: \_\_\_\_\_

Address of Manager: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ Male ( ) Female ( )

## NOTES

- Minimum number of teams per season is six (6)
- Games will be held on Saturdays at HP&R's North Oxford Park & Baseball Grounds: 371093 Oxford Street, Hilliard, FL 32046
- A tournament will be played following the end of the regular season
- EACH TEAM WILL BE RESPONSIBLE FOR THE FOLLOWING:
  - Filling out the attached roster with player information
  - Signing a waiver for each participant
  - Providing their own equipment (bats, mitts, etc.) and a minimum of two NEW softballs per game
  - Purchasing and wearing team shirts with numbers
- Please see rules for more information

## Office Use Only

Payment amount due \$350.00 per *team* OR \$40 per *player*

Method of Payment: CASH CHECK # \_\_\_\_\_ CREDIT/DEBIT CARD: Last 4 #'s \_\_\_\_\_

Amount paid: \_\_\_\_\_ Date Received \_\_\_\_\_ Staff Initials: \_\_\_\_\_





# ADULT SOFTBALL | Statement of Liability

BY SIGNING BELOW I AGREE TO THE FOLLOWING:

I release, waive, and discharge the Town of Hilliard Parks and Recreation Department/Town of Hilliard, its Directors, Council members, employees and agents (the "Releasees") from all liability whatsoever to me, my personal representative, successors, assigns, heirs and next of kin for any personal or property injury, loss, damage, or death, whether caused by the Releasees' negligence, gross negligence, or otherwise. I further agree not to sue the Releasees and I expressly waive any claim or demand against the Releasees on account of any personal or property injury, loss, damage, or death, whether caused by the Releasees' negligence, gross negligence, or otherwise.

I agree to indemnify, save and hold harmless the Releasees from any personal or property loss, liability, damage or cost they may incur due to my presence in, upon, or about the Parks & Recreation Department premises, including participating in or observing any off-site programs, whether the loss, liability, damage or cost is caused by the negligence or gross negligence of the Releasees or otherwise.

I assume full responsibility for and of bodily injury, death, or property damage due to the negligence of the Releasees or otherwise while I am in, about, or upon the premises of the Town of Hilliard Parks & Recreation, or participating in or spectating at any off-site programs, or while using the premises or any facilities or equipment thereon. I give permission to the Town of Hilliard Parks & Recreation Department to use, without limitation or obligation, photographs, film footage or tape recordings that may include my own and my family members' image(s) or voice(s) for the purpose of promoting the Town of Hilliard Parks & Recreation Department programs. I further agree that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any part of it is held invalid, I agree and acknowledge that the balance of it shall continue in full legal force and effect.

## Acceptance

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree and acknowledge that no oral representation, statements or inducement apart from the foregoing have been made. I also accept the conditions of membership set forth above by the Town of Hilliard Parks & Recreation Department, and hereby apply for membership.

\_\_\_\_\_  
Signature of authorizing Participant

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date



## YOUTH SPORTS LEAGUE Registration

One Sport:    Basketball    Soccer    Flag Football    Gymnastics    Martial Arts

Child's Legal Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ( M / F ) Skill level: Beginner Intermediate Advanced

Shirt/Jersey Size: Youth – XS    S    M    L    XL    Adult – XS    S    M    L    XL

Coach and/or Player Request (not guaranteed): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

*Volunteers are needed, please circle each item you're interested in:*

HEAD COACH    ASSISTANT COACH    REFEREE    TEAM PARENT

### Office Use Only

Method of Payment:    CASH    CHECK # \_\_\_\_\_    CREDIT/DEBIT CARD: Last 4 #'s \_\_\_\_\_

Fitness Center Family Membership: Y / N    Multi-child discount: Y / N

Amount paid: \_\_\_\_\_    Date Received \_\_\_\_\_    Staff Initials: \_\_\_\_\_



# YOUTH SPORTS LEAGUE | Statement of Liability

I, the undersigned, indemnify, save and hold harmless the Town of Hilliard/Town of Hilliard Parks & Recreation Department, Council members, Directors, employees and agents (the "Releasees") from any liability or medical expense resulting from any sickness, accident, or injury of or experienced by my child\* while he/she is participating in any activity on or off Town premises.

\*As used in this form, the term "my child" means, but is not limited to, a child born into my immediate family, an adopted child, grandchild, stepchild, or a child who is my ward and over whom I have legal guardianship. By signing below, I affirm and warrant that I have permission or authority to execute this waiver and release on behalf of my child and to bind all other persons who might seek to make a claim against the Releasees for any injury, loss, damage or expense contemplated in this waiver and release.

When my child uses any of the Town of Hilliard's facilities or participates in any activity, he/she does so at his/her own risk. I understand and agree that the Releasees are not responsible for my child's medical expenses and that the Town of Hilliard does not provide any medical insurance to cover my child's medical expenses should he/she become sick or injured. I am responsible for my own child's medical expenses and will file any medical claim with my own insurance company or pay the cost myself.

I hereby covenant not to sue and I release, waive, and discharge the Releasees from all liability to my child, myself, any personal representative, assigns, heirs, and next of kin for any loss or damage and for any claim or demand therefore on account of injury to my child's or my person or property, even if the injury results in the death of my child or me, whether caused by the Releasees' negligence or otherwise while my child is or I am in, upon, or about the premises, using any facilities or equipment, or participating in any off-site programs.

I assume full responsibility for and of bodily injury, death, or property damage due to the Releasees' negligence or otherwise when in, about, or upon the premises of the Town of Hilliard Parks & Recreation facilities or participating in any off-site programs.

I give permission to the Town of Hilliard Parks and Recreation Department to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my and my family members' image(s) or voice(s) for purposes of promoting the Town of Hilliard Parks and Recreation programs. I also further agree that this entire waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and that if any part of it is held invalid, it is agreed that the balance will continue in full legal force and effect.

Acceptance: I have read and voluntarily sign this waiver and release of liability and indemnification agreement and further agree that no oral representation, statements, or inducement apart from the forgoing written have been made. I further agree that while every reasonable precaution will be taken to insure the safety and well-being of my child, I will in no way hold The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees responsible for any accidents affecting my child. In no way will The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees be held liable for damage.

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

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date





# FACILITY RENTAL | Terms and Conditions

## **Renter Responsibilities:**

Renter is responsible for set-up, break-down and clean-up. All trash generated from a renter's event must be bagged and taken away from the park. Please do not use the cans in the park. Bagged trash can be placed in the dumpster (parking lot of Annex facility). Additional trash that will not fit inside the dumpsters must be removed from the property by the renter. Gym floors should be left in broom clean condition. See attendant for mop/broom.

## **Reservation/Damage Deposit & Rental Fees:**

A reservation/damage deposit in the amount of 50% of the rental fees before taxes or \$25 minimum shall be paid in full at the time of the reservation. Deposits shall be refunded within 2 to 3 weeks after the rental date. After that time, a check will be processed and mailed to the renter at the address provided on the facility rental agreement.

Damage to a facility/park, violation of policies, or failure to provide general clean-up will result in forfeiture of the damage deposit and denial of future reservations. An additional fee will be charged if damage exceeds the deposit.

Rental fees must be paid in full, 10 days prior to the event, or automatic cancellation goes into effect with no notification, as well as forfeiture of the deposit. A receipt shall be issued when full payment is made. The receipt and/or rental agreement issues by the department must be kept by the person responsible for the facility and must be presented, upon request, to any official of the town. Please make checks payable to Town of Hilliard. MasterCard and Visa are accepted and can be paid over the phone.

## **Cancellation:**

Must be made two weeks before date of event, or the reservation/damage deposit is forfeited.

## **Alcohol & Tobacco Products:**

All facilities are designated "NO ALCOHOL" & "NO TOBACCO PRODUCTS". This will be strictly enforced.

## **Membrane Structures:**

Membrane structures (bounce houses, inflatable slides, etc) will be permitted with proof of insurance from the outside agency supplying the structure, and the renter will assume full liability.

A \$25 permit fee applies for a membrane structure (up to 4 membrane structures on the same permit application).

## **Rain (Pool Only)**

If your event has been canceled due to weather an alternative date will be provided within 30 days of the original date at no extra cost.

## **After-hours emergency procedure:**

The facility is owned and maintained by the Town of Hilliard. Should you require immediate assistance during your event, please contact Staff on the premises or David Thompson 904.813.3314



This contract serves as a binding agreement between the Town of Hilliard (herein referred to as the "Town") and the Independent Group Exercise Instructor \_\_\_\_\_ on \_\_\_\_\_. Both parties agree to the following as listed below. Please READ and initial all statements below:

Under the guidance of the Parks & Recreation Director, the **Independent Group Exercise Instructor (IGEI)**...

\_\_\_\_\_ 1) represents that they are knowledgeable and experienced in training ideas and philosophies and possess, at minimum, a group fitness training certification.

\_\_\_\_\_ 2) understands that they will need to generate leads, consistently promote the Town and its Parks & Recreation Department in a positive manner, and act as a membership consultant by recording and/or checking attendance.

\_\_\_\_\_ 3) agrees they shall not solicit any Town member to train outside of the Parks & Recreation premises.

\_\_\_\_\_ 4) understands that invoices are due by the 25<sup>th</sup> day of each month. Template invoices can be provided if needed. Compensation will be given according to the Town's contract payment schedule each month. Compensation is based on # of registered attendees per class. Payment structure is as follows: (min.) 10-14 participants: \$20; 15-19: \$25; 20-24: \$30

\_\_\_\_\_ 5) understands that there will be an annual evaluation period (one-year from the date of signed contract) to determine future position/class responsibility at Hilliard Parks & Recreation.

\_\_\_\_\_ 6) understands that member personal information (address, phone numbers, birthdate, etc.) is confidential and the sole property of the Town and cannot be accessed for personal use.

\_\_\_\_\_ 7) understands they must carry current and up-to-date fitness instructor liability insurance prior to teaching a class and must provide the Town with a current copy of their insurance certificate; this must be updated yearly.

\_\_\_\_\_ 8) understands they must be CPR certified & provide the Town with a copy of their current certification.

\_\_\_\_\_ 9) understands that upon termination of this contract by either party, the IGEI must return keys and other property of the Town prior to receiving final compensation.

\_\_\_\_\_ 10) is expected to stay current on class formats and instructing techniques. Participation in classes and workshops to enhance professional development, whether at Hilliard Parks & Recreation or another related fitness studio, are highly recommended.

\_\_\_\_\_ 11) understands the "Instructor No-Show" procedure and penalty if they do not show up for a class they are scheduled to teach. Penalty includes, but is not limited to, all costs incurred by the Parks & Recreation Department for that absent instructor.

\_\_\_\_\_ 11) understands that all matters of conflict will be brought to the Director's attention first; if he/she is not present, his/her Administrative Assistant shall be the next to contact; if they are not present, the IGEI shall seek the Town Council

**By signing below you agree to the above conditions set forth by the Town of Hilliard - Parks & Recreation Department. Any violation of this contract may result in immediate termination without warning.**

IGEI: \_\_\_\_\_ Date: \_\_\_\_\_ HP&R Director: \_\_\_\_\_ Date: \_\_\_\_\_





## IGEI Guidelines

**PLEASE PROVIDE prior to teaching first class...**1) Headshot, 2) short Bio, 3) copy of your liability insurance with the Town of Hilliard listed as an additional insured party, 4) copy of your CPR certification, 5) copy of W-9, and 6) a copy of any other applicable certifications.

Here are some general guidelines in order to teach as in Independent Group Exercise Instructor (IGEI) at Hilliard Parks & Recreation:

- All equipment within the facility needs to stay on premises and cannot be used for any purpose other than generating revenue and clientele for Hilliard Parks & Recreation.
- Present yourself in a positive and professional manner at all times. DO NOT wear sweatpants, low-cut tops, "short-shorts," backless shoes, etc. If applicable, wear Hilliard Parks & Recreation apparel when teaching classes.
- Provide your own music. Choose music that has NO explicit language. Use of electronic devices must be limited to music playback during scheduled class time.
- If a substitute IGEI is needed, please inform the Director or his/her Administrative Assistant (in that order) of who will be taking your place. Also, as a sub, do not change the class program from what is designated on the schedule. (ex. schedule reads that the instructor you will be teaching for is doing Zumba on Thursday at 5:00 PM, but instead you teach Kickboxing)

**By signing below you agree to the above guidelines set forth by the Town of Hilliard - Parks & Recreation Department. Any violation of these guidelines may result in immediate termination without warning.**

IGEI: \_\_\_\_\_ Date: \_\_\_\_\_



## IGEI Checklist

As an Independent Group Exercise Instructor (IGEI), you will be responsible for upholding the integrity of the exercise programs Hilliard Parks & Recreation offers by following the duties listed below:

### Before classes:

- Arrive 15 minutes prior to class start time.
- Turn on lights & music (a reasonable volume in regards to the type of class being taught).
- Greet every participant with a smile and a warm welcome.
- Check in every client that attends class with your class roster.

### After Classes:

- Thank everyone for coming and wish them a wonderful day or evening.
- DOUBLE check** that all participants were accounted for.
- Return equipment to its starting location and turn in any lost & found items to a staff member
- Turn off all lights, fans, sound system equipment, microphones, etc. If applicable, **make sure the door is locked behind you.**

**By signing below you agree to the above checklist set forth by the Town of Hilliard - Parks & Recreation Department. Any violation of these guidelines may result in immediate termination without warning.**

IGEI: \_\_\_\_\_ Date: \_\_\_\_\_