



Where families live and play by the bay!

Bay County Summer Recreation Program  
Program Participants **Ages 5-14**  
Child Information Record 2026

Dear Parent/Guardian,

DATE: \_\_\_\_\_

We welcome your child's application for the Summer Recreation Program. This program is intended for children who are between the ages of 5-14 as of June 8th, 2026. **Birth certificate is required for proof of age. No child older than 14 years of age will be admitted into the program.**

**Program Details:**

June 8, 2026 – July 30, 2026. Monday – Thursday 8 am – 12:30 pm Breakfast and lunch provided.  
Activities Include: Educational Activities, Sports Clinics, Arts & Crafts, Field Trips, Outside Play.

**You may register at the Community Center, Fee: \$140.00.**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Number of persons in your family: \_\_\_\_\_

\_\_\_\_\_  
Father's/Legal Guardian's Name

\_\_\_\_\_  
Mother's/Legal Guardian's Name

\_\_\_\_\_  
Home Address (If different than child's)

\_\_\_\_\_  
Home Address (If different than child's)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home/Cell#: \_\_\_\_\_

\_\_\_\_\_  
Home/Cell#: \_\_\_\_\_

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

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

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

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

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

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name(s) of person other than parent or legal guardian to whom the child may be released:

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

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

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My Child \_\_\_\_\_ is in good health and free from communicable diseases: YES \_\_\_ NO \_\_\_

If no, please explain any medical/physical problems or activity restrictions: \_\_\_\_\_

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Please initial one:

\_\_\_\_\_ I have received and read the participant readiness information.

\_\_\_\_\_ **I do give** permission to the **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment for the above-named minor child while in care.

\_\_\_\_\_ **I do not give** permission to the **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above-named minor child while in care.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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Child's Physician or Health Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital Preferred for Emergency Treatment: \_\_\_\_\_

Health Insurance Policy Name and Number: \_\_\_\_\_

Allergies, if any \_\_\_\_\_

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I hereby give my permission to the Bay County Recreation Program for my child to be transported in a bus and/or participate in field trips.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I hereby give my permission to the Bay County Recreation Program for my child to participate in swimming/pool activities.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Waiver and Release of Liability**

In consideration of my child/ward being allowed to participate in any way in the Bay County Summer Recreation Program (BCSRP) programs and activities, the undersigned acknowledges and agrees that:

1) There is risk of injury to my child from participating in the activities involved in the BCSRП including but not limited to his or her participation in sports, swimming, and general free play, and that risk may be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, those risks do still 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 BAY COUNTY and its respective administrators, commissioners, elected officials, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees") or others, and assume full responsibility for my child's participation; and,

3) I willingly agree to comply with the program's stated and customary terms and conditions for participation in its activities. If I have any concern regarding my child's readiness for participation in the activities, I will discontinue my child's participation in the activity. If at any time I believe conditions to be unsafe, I will immediately remove my child from participation in the activity and bring such conditions to the attention of the nearest BCSRП employee immediately; and,

3) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE RELEASEES with respect to any and all injury, disability, death, loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law; and

4) 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 THE RELEASEES from any and all liabilities incident to my or my child's involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law; and

5) I have received a copy of the "Concussion Information Sheet;" and

6) I grant BCSRP permission to take photographs and films including pictures of me, my child or ward. I consent and authorize Bay County to use and reproduce photographs and films. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Bay County to use such photographs or films for the purpose of promoting and aiding Bay County in their work.

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

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

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent Name

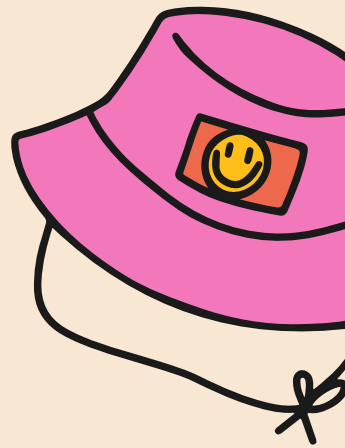
\_\_\_\_\_  
Parent Signature

APPROVED AS TO LEGAL FORM ONLY:

\_\_\_\_\_  
BAY COUNTY CORPORATION COUNSEL  
DATE: \_\_\_\_\_










# SUMMER RECREATION



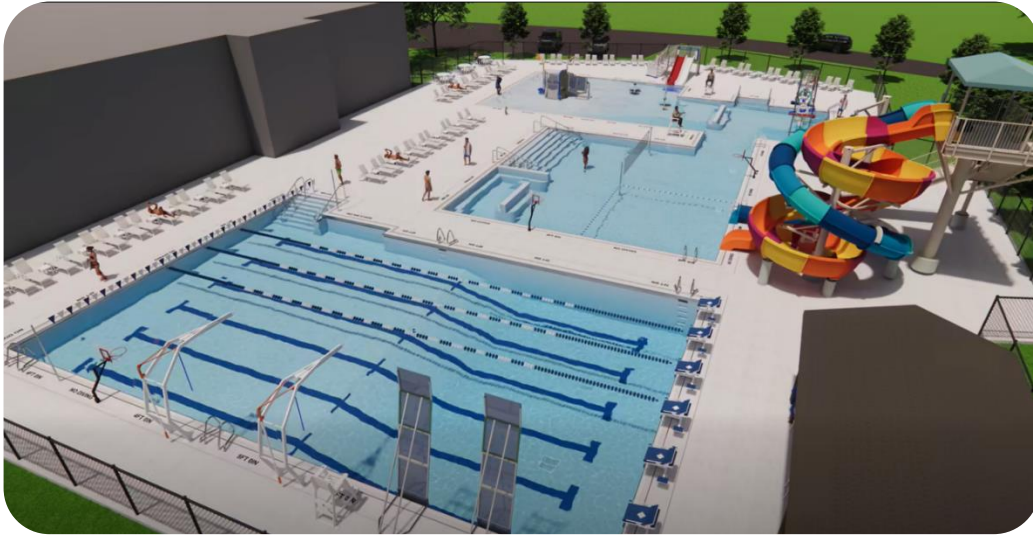
## Participant Readiness

Our Summer Recreation Camp provides a fun, active, and safe environment where children can play, explore, and build friendships. Ensuring campers are ready for these expectations helps staff focus on creating great activities and experiences all summer long. Children should be able to meet the following expectations before attending camp.

-  **Stay With the Group:** Campers must be able to remain with their assigned group and counselors during activities, transitions, and outdoor play in an unfenced area.
-  **Independent Restroom Use:** Children should be able to use restroom facilities on their own without staff assistance.
-  **Positive Group Behavior:** Campers should participate respectfully in group settings and interact appropriately with other children.
-  **Follow Directions:** Participants must be able to listen to and follow instructions from camp counselors and staff.
-  **Be a Cooperative Participant:** Campers should demonstrate safe, respectful, and cooperative behavior to help create a positive camp environment for everyone.
-  **Our goal is to provide a fun, safe, and engaging summer for every child.**
-  **Please contact the recreation office if you have questions about whether camp is the right fit for your child.**

**BAY COUNTY'S  
NEW COMMUNITY POOL  
COMING SOON!**

**PLEASE  
PARDON OUR  
CONSTRUCTION**



**Dear Summer Recreation Parents / Guardians:**

**Thank you for your patience as we work to bring this exciting new project to our community! The Bay County Community Center Pool will be under construction during the 2026 Summer Recreation Program. To ensure the safety of all our participants, the follow precautions will take place so we can safely enjoy the Summer Recreation Program as well as continue work on the pool:**

- As a Safety Precaution - Heavy construction traffic will not be permitted to travel in front of the Community Center Building. All construction traffic will enter and exit by Henry Street.
- The construction area will be 100% fenced for safety and security.
- The parking lot south of the pool facility will be partially closed to accommodate construction materials/traffic.
- Please follow posted signage and use only designated sidewalks and entrances.
- Noise is to be expected. If your child is sensitive to noise, please consider discussing with staff.



**If you have any questions or concerns, please feel free to contact:**

Cristen Gignac  
Bay County Director of Recreation & Facilities  
515 Center Avenue  
Bay City, Michigan 48708  
Ph: 989-895-4130