

Dear Parent/Guardian,

The *Best. Summer. Ever.* is loaded with fun events for your child to enjoy throughout the summer! Take advantage of free and low-cost events happening around Volusia County all summer to give your 9-13 year old lots of chances to be active and have fun. Find more information and fun opportunities on our website at www.HealthyVolusia.org/BestSummerEver/



In order for your child to participate in Best. Summer. Ever. and receive their scorecard, parents must complete and return this form to one of the locations listed below. Your child's participation in the voluntary survey on the following page is appreciated.

- Southeast Volusia Family YMCA
- Port Orange Family YMCA
- Ormond Beach Family YMCA
- Holly Hill Family YMCA
- Four Townes Family YMCA
- Deland Family YMCA
- Children's Medical Services-Daytona
- Parks, Recreation and Culture-Deland
- Daytona Beach (City Island) Library
- DeLand Library
- Deltona Library
- New Smyrna Beach Library
- Ormond Beach Library
- Port Orange Library

I agree to allow my child to participate in the *Best. Summer. Ever.* events.

I understand that there are risks inherent, including but not limited to the possible hazards of physical activity due to known or unknown medical conditions.

By signing this statement, I am acknowledging that I understand the inherent risks in participating in physically active programming and have chosen to have my child engage in Best. Summer. Ever. activities with these inherent risks and accept the liability for such risks attendant to these activities. I further agree to indemnify and hold harmless Volusia County, Florida Department of Health, One Voice for Volusia, and all other representatives of the Best. Summer. Ever. and the officers, employees, and volunteers of these agencies/entities from all claims and liabilities of any kind arising from my child's participation in the Program.

I also acknowledge that by signing this statement I give my consent to release the use of any images of my child obtained during the event to be used in promoting or reporting this program.

Parent/Gaurdian Name (Print): _____

Parent/Gaurdian Signature: _____ Date: _____

Child's Name: _____ Child's Date of Birth: _____

Telephone Number: _____ Zip: _____

E-mail: _____

If you have any questions or concerns, contact Stephanie Fyock at (386) 274-0500 ex.0648.

The *Best. Summer. Ever.* is a community program designed to provide physical activity opportunities for Volusia County youth throughout the summer. Partners include Bethune-Cookman University; Boys & Girls Clubs of Volusia/Flagler Counties; Daytona Lagoon, Speed Park & Boardwalk Amusements; Florida Department of Health in Volusia County; One Voice for Volusia; Volusia County; Volusia County Parks, Recreation and Culture; Volusia County Public Library; Volusia/Flagler Family YMCA, and many others.



Welcome to the **Best. Summer. Ever.** We want you to have a great time this summer! We need your help to make this the “best program ever”. Please take a few minutes to complete this survey and answer all questions. Thank you for participating in the **Best. Summer. Ever.**

How old are you? _____

Name the city where you live. _____

Are you? *Female* *Male*

What is your zip code? _____

Please **CIRCLE** your race/ethnicity: *Black* *Hispanic* *White* *Other Race*

1. Select all of the activities you participated in on a regular basis last summer: **CIRCLE** the best answer.

Watch television

Go to summer camp

Spend time on the computer

Play sports

Other: _____

Play video games

Go to the beach/park

Hang around neighborhood

Go for bike rides

2. Tell us how much fun you had last summer, 1 is the least amount of fun and 10 is the most amount fun:

CIRCLE the best answer.

Least Fun
1

2

3

4

5

6

7

8

9

Most Fun
10

3. How do you describe your weight? **CIRCLE** the best answer.

Very
underweight

A little
underweight

About the right
weight

A little
overweight

Very
overweight

4. Which of the following are you trying to do about your weight? **CIRCLE** the best answer.

Lose Weight

Gain Weight

Stay the same weight

I am not trying to do
anything about my
weight

5. During the past 7 days, how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time and **CIRCLE** the best answer)

0
days

1
days

2
days

3
days

4
days

5
days

6
days

7
days

6. How many of the past 7 days did you do exercise to strengthen or tone your muscles, such as push-ups, sit-ups, or weightlifting? **CIRCLE** the best answer.

0
days

1
days

2
days

3
days

4
days

5
days

6
days

7
days