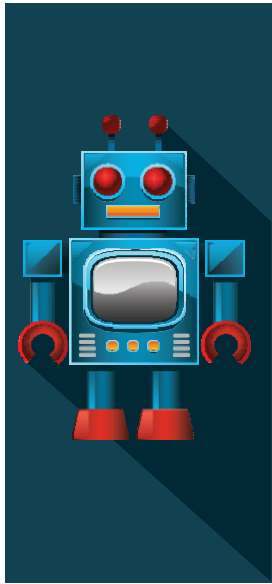


COUNTRYSIDE COUNTRY CLUB

# KIDZONE



**COUNTRYSIDE  
COUNTRY CLUB**

*A Member of the ClubCorp Family*



# KIDZONE

## MISSION STATEMENT

*Countryside Country Club is committed to providing quality childcare in a safe, enjoyable environment. Your children will engage in meaningful, educational activities centered around fun.*

*– Countryside Country Club Employee Partners*

## REQUIREMENTS FOR ADMISSION

- Children must be between the ages of 1 and 10 years old.
- All children will have their temperatures checked when entering the room.
- Children ages 2 & Up must wear Masks while in the playroom.
- Children who show symptoms of illness, in the opinion of the Kid Zone staff, will be refused service.
- If child(ren) are doing online schooling, please note that Kid Zone staff is not responsible for overseeing child(ren)'s school/homework.
- **RESERVATIONS REQUIRED AT ALL TIMES** – Limited to (5) Children / (8) Children on Friday Nights

## COVID HOURS OF OPERATIONS\*

**Beginning 9/5/20**

<b>Monday &amp; Wednesday</b>	9 a.m. – 12:00 p.m.
<b>Monday – Thursday</b>	5:00 p.m. – 7:00 p.m.
<b>Friday</b>	5:00 p.m. – 8:00 p.m. <b>(One Theme Kid Zone Party Per Month)</b>
<b>Saturday</b>	9:00 a.m. – 12:00 p.m.
<b>Sunday</b>	<b>CLOSED</b>

\*Times/Hours may vary during Holidays

## CONTACT

Ashley Hauser | 727.796.1333 | [ashley.hauser@clubcorp.com](mailto:ashley.hauser@clubcorp.com)

Countryside Country Club | 3001 Countryside Blvd. | Clearwater, FL 33761-2721 |

## PLAYROOM RATES

19 months to 10 years	1 Child	2 Children	3 Children	4 Children	Nonmembers, Per Child
1 hour*	\$4.25	\$6.50	\$8.50	\$10.50	\$6
1 hour 15 minutes	\$4.85	\$7.65	\$10.10	\$12.60	\$7.25
1 hour 30 minutes	\$5.35	\$8.80	\$11.70	\$14.70	\$8.50
1 hour 45 minutes	\$5.90	\$9.95	\$13.30	\$16.80	\$9.75
2 hours	\$6.50	\$11	\$15	\$19	\$11
2 hour 15 minutes	\$7.05	\$12.15	\$16.60	\$21.10	\$12.25
2 hour 30 minutes	\$7.60	\$13.30	\$18.20	\$23.20	\$13.50
2 hour 45 minutes	\$8.15	\$14.45	\$19.80	\$25.30	\$14.75
3 hours	\$8.75	\$15.50	\$21.50	\$27.50	\$16

12 to 18 months	Infant	1 Child	2 Children	3 Children
1 hour*	\$5.50	\$7.75	\$10	\$12
1 hour 15 minutes	\$7	\$9.25	\$11.50	\$13.50
1 hour 30 minutes	\$8.50	\$10.75	\$13	\$15
1 hour 45 minutes	\$9.75	\$12	\$14.25	\$16.25
2 hours	\$11	\$13.25	\$15.50	\$17.50
2 hour 15 minutes	\$12.50	\$14.75	\$17	\$19
2 hour 30 minutes	\$14	\$16.25	\$18.50	\$20.50
2 hour 45 minutes	\$14.75	\$17	\$19.25	\$21.25
3 hours	\$16.50	\$18.75	\$21	\$23

### \*Minimum of One Hour Charge

\*Kid Zone is not a licensed childcare facility and parents must remain on Club premises at all times.



## PLAYROOM GUIDELINES

1. The child/staff ratio is 5 children per 1 staff member. Children may spend a maximum of two hours in the Kid Zone, per day. For your convenience, all fees will be charged to your Countryside Country Club or East Lake Woodlands Country Club Account, provided you are entitled to charging privileges. To ensure your child(ren) a spot in the Playroom please make reservations, otherwise we have the right to turn your family away.
2. For your child's safety, parents are required to sign their children in and out of the Kid Zone. Parents must inform Kid Zone staff if an adult other than the one whom brought the child/children in will be picking them up. Proof of identification must be provided upon request.
3. Parents must remain on the Club premises while their children are in the Kid Zone. If parents are leaving the Fitness and Aquatic Center building to play golf or tennis a cell phone number must be left, children must be toilet trained. No more than nine holes of golf may be played while child is at Kid Zone. Failure to comply with this guideline will result in a loss of Kid Zone privileges for a determined period of time.
4. Countryside Country Club Staff reserves the right to refuse service for reasons of illness, hygiene, or behavior deemed detrimental to the enjoyment and/or safety of the other children.
5. Food is not allowed in the Kid Zone. Small snacks are acceptable if it is appropriate to eat in front of the other children (Playroom staff will determine). All drinks must be contained in a spill-proof container with names clearly marked. Please make sure your children are not attending the Kid Zone during expected meal times. Snacks and drinks may be purchased from the Kid Zone desk.
6. For your child's convenience, the Kid Zone offers a variety of children's toys. Please make sure all items brought from home are of a non-violent nature and are clearly marked with the child's name.
7. It is the parent's responsibility to inform the Kid Zone staff of any pertinent medical information prior to checking in. The Kid Zone staff reserves the right to refuse service to any children they feel would require undivided or special attention and, as a result, affect the quality of supervision the other children receive. Any member of the Kid Zone staff will not disperse medication at any time.
8. Countryside Country Club is not a licensed Day Care facility, as such we are not allowed to change diapers or feed infants/toddlers. Changing tables are provided for Members use. Members will be contacted in a timely manner if a child needs assistance.

**THE KID ZONE STAFF IS NOT RESPONSIBLE FOR ANY LOST OR DAMAGED ITEMS.**

I have read and understand all the rules and regulations of Countryside Country Club's Kid Zone.

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Parent Signature



## ACTIVITY REGISTRATION – MINOR

Participant: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

### ASSUMPTION OF RISK AND RELEASE AGREEMENT

**Assumption of Risk:** As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **I and participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.**

**Release and Indemnity:** In exchange for the Club allowing participant to participate in the Activity, I and participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release and indemnify the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, loss, death, illness (including but not limited to Covid 19) or damage connected in any way whatsoever to participation in Activity that may result from Club's negligence, design of the facility and/or equipment, or from any third party, whether on or off the Club's premises and including any transportation.

**Property Loss:** All personal property brought to the activity is brought at the sole risk of the Participant as to its theft, damage, or loss.

**Medical:** I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate.

**Photograph Permission:** I give permission for the Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting the Club's programs.

**Severability:** Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## EMERGENCY/MEDICAL TREATMENT

Full Name of Participant: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical History (ex., Diabetes or Epilepsy), Special Conditions/Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group/Policy No: \_\_\_\_\_

Names of people to whom the Participant may be released.

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

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

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

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian