



Miami Shores Village

# Summer Camp Registration

## Participant(s) Information RESIDENT of Miami Shores NON-RESIDENT of Miami Shores

**1** Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F    D.O.B.: \_\_\_\_\_    2018/19 Grade: \_\_\_\_\_     Can Swim or  Cannot Swim

Important Medical Information or known allergies: \_\_\_\_\_

Does the participant require assistance or special accommodations to participate in chosen activities?  
 Yes  No If Yes, explain: \_\_\_\_\_

**2** Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F    D.O.B.: \_\_\_\_\_    2018/19 Grade: \_\_\_\_\_     Can Swim or  Cannot Swim

Important Medical Information or known allergies: \_\_\_\_\_

Does the participant require assistance or special accommodations to participate in chosen activities?  
 Yes  No If Yes, explain: \_\_\_\_\_

**3** Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F    D.O.B.: \_\_\_\_\_    2018/19 Grade: \_\_\_\_\_     Can Swim or  Cannot Swim

Important Medical Information or known allergies: \_\_\_\_\_

Does the participant require assistance or special accommodations to participate in chosen activities?  
 Yes  No If Yes, explain: \_\_\_\_\_

## Guardian(s) Information

**\*PLEASE INDICATE WHICH GUARDIAN IS THE EASIEST TO GET A HOLD OF\***

### **Primary Guardian** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Secondary Guardian** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Late Fees/Refunds

I understand that if I pick up my child after 6:00pm, there will be a late fee of \$1.00 per minute late. \*This will apply on the first day of camp I understand that no late registration fees will be refunded. I understand the refund policies of Miami Shores Village.

I understand that an administrative fee will be taken out of any cancellation, after the date listed in the brochure & that we will only receive a credit towards the house hold account.

I understand that I must get here on time to participate in the day's activities or field trips. If the field trip has left, there will be no one staying back. I also understand that at no time will any parent or guardian be allowed to either pick up or drop off a child at a field trip site.

I understand that once Summer Camp is over, any remaining money from the Snack Shack will not be saved for future purchases or be refunded.

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

### Transportation Waiver

THE UNDERSIGNED, as parent/guardian of \_\_\_\_\_, hereby gives permission for my child to ride as a passenger on a Miami Shores Village vehicle for transportation for recreational activities and programs. In consideration for this transportation, the undersigned releases, covenants not to sue and forever discharges MIAMI SHORES VILLAGE, its directors, officers, employees, agents, representatives, and successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs, or expenses which the undersigned and/or the child may have against the released parties arising out of or in any way connected with said transportation, including injury or damage to person or property, whether caused by the negligence of MIAMI SHORES VILLAGE or otherwise.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Discipline & Sickness

I understand that my child must be picked up immediately if he/she is abusive to other children or disrespectful to our staff. I understand if bad behavior continues, my child will be expelled from our program. I understand that if my child becomes ill and needs to be picked up that I, or a guardian, will pick him or her up within an hour's time.

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

### PHOTO RELEASE: Miami Shores Recreation Program

I allow any pictures of my child taken by Miami Shores Village to be released for any Miami Shores Village publications, calendars, or social media.

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

### The following people, including the above guardians, are authorized to pick up my child with a

#### PHOTO ID:

| Name     | Phone Number |
|----------|--------------|
| 1. _____ | _____        |
| 2. _____ | _____        |
| 3. _____ | _____        |
| 4. _____ | _____        |
| 5. _____ | _____        |

I understand that my child will only be released to the people listed above if they are able to present a **PHOTO ID** upon pick-up.

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