



**Town of Cutler Bay
Parks and Recreation Department
10100 SW 200 Street
Cutler Bay, FL. 33157**

**Summer Camp 2017 Registration
Ages: 6 – 12
(Birth Certificate required for proof of age)**

Child's: Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Mother's: Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Father's: Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Child's Gender: Male Female **Child's Date of Birth (mo/day/yr.)** _____

Age: _____

Medical Conditions: _____

Parent/Guardian: Last Name: _____ **First Name:** _____

Street Address: _____ **City:** _____ **Zip Code:** _____

Phone#: Home: _____ **Cell:** _____ **Office:** _____

Does child live with a legal guardian other than mother or father? Yes: No:

I do hereby agree to the following: *(Please initial after each statement)*

1. Assume all risk of possible damage or injury through my child's participation in The Town of Cutler Bay recreational programs. _____ *(Initial)*
2. Agree to compensate the Town of Cutler Bay for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse or equipment. _____ *(Initial)*
3. Agree to indemnify and hold harmless the Town of Cutler Bay and/or its department's, agents or employees from any and all liability arising out of my participation in The Town of Cutler Bay recreational programs. _____ *(Initial)*
4. Understand and agree to abide by all applicable rules and regulations as set forth herein and attached to this form. I further understand that I may be asked to vacate the premises and may forfeit my participation fee if I fail to abide by these rules and regulations or any other reasonable request from the Town of Cutler Bay staff. _____ *(Initial)*
5. I certify that the above information is correct and that I have read and understood the rules and regulations governing this program.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



STUDENT RELEASE FORM

This form will be valid throughout the entire 2017 Summer Camp Program. If you wish to submit any changes, you must do so in person at the office in writing. All changes must be submitted before your child is picked up.

- You must notify the Town of Cutler Bay, Parks and Recreation Department in writing if you have any changes to the information provided such as address, telephone and authorized pick-up. _____ *(Initial)*
- Your child will not be released to anyone under the age of 18 years old. _____ *(Initial)*
- Please inform the individuals authorized to pick up your child that they will be required to provide valid photo identification before signing your child out. _____ *(Initial)*

EMERGENCY CONTACT INFORMATION AND AUTHORIZED PICK-UP (Children will not be released to any person not listed below)

Name	Relationship	Home Number	Cell Number	Work Number

MEDICAL AUTHORIZATION AND CONSENT

I attest the participant is physically able to participate in all activities planned and hosted by the Town of Cutler Bay and that the participant’s physical condition has been verified by a licensed medical doctor, and I consent to any needed medical treatment for the participant in the event of an emergency.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of
_____ hereby authorize and give consent to service providers and
the staff of The Town of Cutler Bay as follows:

I hereby:

consent and authorize or **do not consent and authorize**

the staff of The Town of Cutler Bay to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Date

Any such recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all recordings taken of you, your children or wards shall be the sole property of The Town of Cutler Bay.

With regard to the use of any recordings taken of you or your children, you hereby waive any and all present and future claims you may have against The Town of Cutler Bay, their staff, service providers, employees, agents, affiliates and Council members.



PERMISSION TO TRANSPORT

I, _____, the parent or guardian of _____ grant permission for my child to be transported in a motor vehicle hired by Town of Cutler Bay, approved bus service, or a program van driven by a Town of Cutler Bay employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and /or other adult staff members or volunteers. I agree on behalf of myself, child named herein, and our heirs, successors and assigns to hold harmless and defend Town of Cutler Bay, agents and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, an all consequential damage arising from or in connection with my child being transported by Town of Cutler Bay employees or an approved bus service.

I have read this entire waiver and permission form, and fully understand it, and agree to be legally bound by its terms.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

SUMMER CAMP FIELD TRIPS

DATE	EVENT/VENUE	ADDRESS
June 16, 2017	Zoo Miami	12400 SW 152 nd Street Miami, FL. 33177
June 23, 2017	Paradise Cove	900 N. Flamingo Road Pembroke Pines, FL. 33028
June 30, 2017	Sky Zone	10200 SW 186 Street Miami, FL. 33157
July 7, 2017	Game Time	5701 Sunset Drive South Miami, FL. 33143
July 14, 2017	Super Wheels	12265 SW 112 th Street Miami, Fl.33186
July 19, 2017	Miami Marlins	507 Marlins Way Miami, FL. 33125
July 28, 2017	Sunset Movies	5701 Sunset Drive South Miami, Fl. 33143



**SUMMER CAMP 2017
PROGRAM DATES AND FEES**

Session 1	Session 2	Session 3	Session 4
June 12th – June 23rd	June 26th – July 7th	July 10th – July 21st	July 24th – August 4th
Fee per session per child \$200.00 (includes field trips)	Fee per session per child \$200.00 (includes field trips)	Fee per session per child \$200.00 (includes field trips)	Fee per session per child \$200.00 (includes field trips)
Fee per session 2 nd child \$180.00 (includes field trips)	Fee per session 2 nd child \$180.00 (includes field trips)	Fee per session 2 nd child \$180.00 (includes field trips)	Fee per session 2 nd child \$180.00 (includes field trips)
Will attend Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Will attend Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Will attend Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Will attend Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Shirt size: YS YM YL AS AM AL AXL AXXL

Payment Policy (Must be signed by parent or guardian): I agree to pay camp fees by **May 26, 2017**. I understand that my child will not be able to attend camp unless payment is made in full. I understand that camp fees are **NOT** refundable for missed days or absence.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

PAYMENT INFORMATION

Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____

Payment Method: Cash _____ Check # _____ Credit Card _____ Money Order _____

Received by: _____ Date: _____

Receipt #: _____

