



CITY OF SOUTH MIAMI
 PARKS AND RECREATION DEPARTMENT
 5800 SW 66th street
 South Miami, FL 33143
 Tel: 305-668-3876 • Fax: 305-668-7388



2016 Winter Camp Registration

Week 1: December 26-30

Week 2: January 2-6

Participant's Name: _____

Parent/Guardian's Name: _____

Registration Checklist

- _____ Program Registration Form
- _____ Proof of Residency (Driver's License, Utility Bill, Lease)
- _____ Walk Home Authorization Form
- _____ Receipt of Parent Handbook

CREDIT CARDS, MONEY ORDER, or CASHIER'S CHECK ONLY! NO CASH!

(RESIDENTS: \$30/week/child • NON-RESIDENTS: \$125/week/child)

Name of Participant: _____ Date of Birth: _____

Grade: _____ Age: _____ Male Female

Parent/Guardian: _____ Date of Birth: _____

Street Address: _____
 City _____ Zip _____

Email Address: _____ Phone: _____

EMERGENCY CONTACTS & AUTHORIZED FOR RELEASE NAMES

	NAME	PHONE #	RELATIONSHIP
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- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

REQUIRED

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<p>Does the participant require assistance or special accommodations to participate in the chosen activity? Specify any special needs:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Medical Conditions or Allergies? Specify any special needs:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Please initial each section below.

Medical Transportation Consent

_____ Children will be taken to the nearest hospital's emergency room for emergencies requiring immediate medical attention. Your signature below authorizes the responsible person at the child care facility to have your child transported to that hospital.

Photography and Video Release

_____ I hereby give consent for the City of South Miami to use photos/video coverage of myself and/or minor child in program guides, flyers, videos, websites, etc. I understand that the City of South Miami staff may take photos/video coverage of its programs and events, and their participants from time to time and that these photos/video shall remain the property of the City of South Miami.

Transportation Consent

_____ I hereby give my child consent to be transported by city-operated bus/van or contracted bus services during the program/activity listed on this registration form.

Release and Waiver of Liability

- 1) Accept, assumes and voluntarily incur all risks of any injuries, damages, or harm which might arise from the use of the requested facility due to the negligence or other fault of the APPLICANT or anyone acting through or on behalf of the APPLICANT.
- 2) Agree to compensate the City of South Miami ("City") for any repair and/or replacement costs for damages to the requested facility or equipment while in use during the above date and time.
- 3) Agree to indemnify, defend, save and hold CITY, its officers, affiliates, employees, successors and assigns, harmless from any and all damages, claims, liability, losses, claims, demands, suits, fines, judgments or cost and expenses, including reasonable attorney's fees, paralegal fees and investigative costs incidental there to and incurred prior to, during or following any litigation, mediation, arbitration and at all appellate levels, which may be suffered by, or accrued against, charged to or recoverable from the City of South Miami, its officers, affiliates, employees, successors and assigns, by reason of any causes of actions or claim of any kind or nature, including claims for injury to, or death of any person or persons and for the loss or damage to any property arising out of a negligent error, omission, misconduct, or any gross negligence, intentional act or harmful conduct of the APPLICANT, its contractor/subcontractor or any of their officers, directors, agents, representatives, employees, or assigns, or anyone acting through or on behalf of any of them, which arises out of or is concerning the use of the requested facility by me or



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anyone acting for or through me. I agree to pay all losses and expenses of any kind or nature whatsoever, in connection therewith, including the expense or loss of the CITY and/or its affected officers, affiliates, employees, successors and assigns, including their attorney's fees, in the defense of any action in law or equity brought against them.

- 4) Agree and recognize that neither the CITY nor its officers, affiliates, employees, successors and assigns shall be held liable or responsible for any claims, including the costs and expenses of defending such claims which may result from or arise out of actions or omissions of the APPLICANT, its contractor/subcontractor, if any, or any of their agents, representatives, employees, or assigns, or anyone acting through or on behalf of the them, and arising out of or occurring on the CITY's property. In reviewing, approving or rejecting any submissions or acts of the APPLICANT, CITY in no way assumes or shares responsibility or liability for the acts or omissions of the APPLICANT, its contractor/subcontractor, if any, or any of their agents, representatives, employees, or assigns, or anyone acting through or on behalf of them. The APPLICANT has the duty to provide CITY with a defense with an attorney or law firm approved by the City of South Miami, which approval will not be unreasonably withheld.
- 5) 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 security deposit if I fail to abide by these rules and regulations or any other reasonable request from City of South Miami staff.
- 6) Understand and agree that rentals, including pavilion rentals operate between sunrise and sunset (excluding rentals at South Miami Park, Palmer Park and the Gibson-Bethel Community Center).
- 7) I certify that the above information is correct and that I have read and understand the rules and regulations governing this permit.

 Parent/Guardian's Signature

 Date

Walk Home Authorization Form
ONLY FOR CHILDREN 11 YEARS OR OLDER

I hereby grant permission for my child and/or the child in my care to leave the program upon signing themselves out and walk home, or to another program without the guidance of an authorized adult, contrary to program policy.

If the child signs out, they would leave the program and not return until the following day. **I understand and agree that the City of South Miami will not assume responsibilities for my child and/or the child in my care once he/she has left the facility.**

I forever discharge the City of South Miami, its officers, agents, and employees, from any lawsuits, damages, claims, or judgments resulting from any personal injuries or property damages that my child and/or the child in my care may sustain once he/she has left the program and/or facility thereby indicating to program staff that he/she is no longer participating in an activity sponsored by the City of South Miami.

Child's Name: _____

Age: _____

 Parent/Guardian's Name (Signature)

 Date