



City of South Miami
Parks and Recreation Department
5800 SW 66th Street
South Miami, FL 33143
(305) 668-3876

Resident -Weekly: \$30.00 (Per week, Per child)
Non-Resident-Weekly : \$75.00 (Per week, Per child)

Summer Camp Program Registration Form
5- 15 years old

Child's: Last Name _____, First Name: _____ Middle Initial: _____
Mother's: Last Name _____, First Name: _____ Middle Initial: _____
Father's: Last Name _____, First Name: _____ Middle Initial: _____

Does child live with a legal guardian other than mother or father? Yes No
If yes, **Guardian's**: Last Name _____, First Name _____ Middle Initial _____

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

Parent/Guardian Phone : _____ **Phone**: _____ **Email**: _____

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

Child's Race : American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, please specify _____

Child's Ethnicity : Hispanic Haitian Other, please specify _____

Is Child Proficient in English ? Yes No

Other language(s) spoken in the home : Spanish Haitian-Creole
Other _____

Child's Current Grade: _____ **Child's Current School**: _____

Does child have health insurance (ex., private insurance, KidCare, Medicaid)? Yes No

For Staff Use Only STAFF MEMBER NAME: _____

Does child have a documented disability ? Yes No

If yes, do you have (check all that apply):

- an Individualized Family Service Plan (IFSP; if under 3 years old)
- an Individualized Education Plan (IEP) from the school system
- a Section 504 Plan
- a medical diagnosis from a doctor
- other documentation_____

If yes, how would you best classify the type(s)? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Chronic Medical Condition | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> Other Disability_____ |
| <input type="checkbox"/> Intellectual Disability (or mental retardation) | |

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

- 1) Assume all risk of possible damage or injury through the use of The City of South Miami recreational facilities. _____ (Initial)
- 2) Agree to compensate The City of South Miami for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse of equipment. _____ (Initial)
- 3) Agree to indemnify and hold harmless The City of South Miami and/or its departments, agents or employees from any liability arising out of my use of The City of South Miami facilities and/or equipment. _____ (Initial)
- 4) Understand and agree to abide by all applicable rules and regulations. I further understand that I may be asked to leave the premises and may face suspension or termination of membership if I fail to abide by these rules and regulations or any other reasonable request from The City of South Miami staff. _____ (Initial)
- 5) I certify that the participant named herein is in normal health. I understand that The City of South Miami only carries secondary health insurance and that my insurance bears primary responsibility for any illness or injury that occurs as a result of participation in this activity. Furthermore, I permission for emergency medical treatment to be administered when necessary. I agree I am financially responsible for any such treatment. _____ (Initial)

Confidentiality of Client Information

No private information shall be distributed or shared unless approved by a parent or guardian and/or deemed public records under The Sunshine Law as are a municipality.

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

STUDENT RELEASE FORM

This form will be valid throughout the entire 2014 Summer Program Year. **If you wish to submit any changes , you must do so in person at the front desk in writing** . All changes must be submitted to the Front Desk of the Community Center before your child is picked up.

For Staff Use Only STAFF MEMBER NAME: _____

Students Last Name: _____

Students First Name : _____

Father's Name: _____

Mother's Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Individuals authorized to pick up my child are:

1. Name: _____ Contact: _____ Relationship: _____

2. Name: _____ Contact: _____ Relationship: _____

3. Name: _____ Contact: _____ Relationship: _____

Please note the following: (Please initial after each statement)

- 1. It is important you notify the City of South Miami's Parks and Recreation Department at the Community Center in writing when you have updated information such as an address change, individuals you authorize to pick up your child; If your child is allowed to sign themselves out etc. _____ (Initial)
- 2. **Your child will not be released to anyone under the age of 18 years old.** _____ (Initial)
- 3. Please be aware that we will **NOT** release your child to anyone unless we have it in writing. We cannot make any exceptions. Therefore it is vital to plan ahead. _____ (Initial)
- 4. Please inform individuals picking up your child that they will be asked for a valid photo ID at the front desk to verify identification before signing out your child. _____ (Initial)

I hereby authorize individuals listed on this form the right to sign my child out the After-School program at the time of dismissal and/or for early release situations. I also agree to the terms and conditions of the student release form.

Print: _____

Relationship to student: _____

Signature: _____

Date: _____

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Emergency Contact & Medical Consent Form

Students Last Name: _____ Students First Name: _____

When Parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name: _____ Relationship: _____

Home Phone: _____ Mobile: _____

2. Name: _____ Relationship: _____

Home Phone : _____ Mobile: _____

Child's Physician or Source of Health Care : _____

Address: _____ Telephone: _____

Mother's Name: _____ Contact: _____

Work Phone: _____ Home Phone: _____

Mother's

Employer: _____

Father's Name: : _____ Contact: _____

Work Phone: _____ Home Phone: _____

Father's

Employer: _____

Medical Condition(s):

Allergies/Reactions:

EMERGENCIES requiring immediate medical attention: your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

For Staff Use Only

STAFF MEMBER NAME: _____

Signature of Parent/Guardian: _____ Date: _____



City of South Miami
Parks and Recreation Department
5800 SW 66TH Street
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Phone: (305) 668- 3876
Fax: (305) 668-7388

Walk Home Authorization Form

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: _____ Dismissal Time:
_____pm

Date Parent/Guardian Print Name Parent/Guardian Signature



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AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I _____, the parent or guardian of _____, hereby authorize and give consent to service providers and the staff of The City of South Miami as follows:

I hereby:

Consent and Authorize or

Do Not Consent and Authorize

Signature of Parent or Guardian

Date