



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



## One Day Camp Registration Form

Participants Last name: \_\_\_\_\_ Participants First Name: \_\_\_\_\_

Child's Gender  Male  Female Child's Date of Birth (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

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

If yes, Guardian's: Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Street Address\* \_\_\_\_\_ City\* \_\_\_\_\_ ZIP Code\* \_\_\_\_\_

### Individuals authorized to pick up my child are:

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### Emergency Contact

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### I do hereby agree to the following:

1. Assume all risk of possible damage or injury through the use of The City of South Miami recreational facilities.
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.
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.
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.
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. I further give my permission for emergency medical treatment to be administered when necessary. I agree I am financially responsible for any such treatment.

In consideration for The City of South Miami's Parks and Recreation Department for providing Camp privileges, I agree to all program policies and procedures.

PARENT/GUARDIAN SIGNATURE \*: \_\_\_\_\_ DATE: \_\_\_\_\_

**In 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.**

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

**INSTRUCTIONS TO PARENT:**

1. Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
2. If necessary, have your child's health practitioner review information you provide below and sign and date where indicated

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_