

Camp Tamarac Registration - PLEASE PRINT

CAMPER'S NAME _____

ADDRESS _____ (First) _____ (Last) _____ CITY _____ ZIP _____

EMAIL _____ CODE WORD _____

HOME PHONE _____ AGE _____ DOB _____ CURRENT GRADE _____

PARENT/LEGAL GUARDIAN'S NAME _____ WORK PHONE _____

RELATIONSHIP TO CHILD (CIRCLE ONE): MOTHER FATHER COURT APPOINTED LEGAL GUARDIAN

PARENT/LEGAL GUARDIAN'S NAME _____ WORK PHONE _____

RELATIONSHIP TO CHILD (CIRCLE ONE): MOTHER FATHER COURT APPOINTED LEGAL GUARDIAN

PERSONS AUTHORIZED TO PICK UP CHILD (EMERGENCY NAMES AND INFO)

PARENT/LEGALGUARDIAN YES ___ NO ___ (LIST NAMES BELOW)

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

ANY PERTINENT INFORMATION (ALLERGIES, MEDICATIONS, BEHAVIORAL, VISION, HEARING, MOBILITY, ETC.) _____

Notice

The City of Tamarac Parks and Recreation Department, in compliance with the American Disabilities Act (ADA), requires that all participants in the program must contact the Department before the program begins in order to allow time for the evaluation of and preparation for any required accommodation of a camper's needs.

Does your child have either of the following: IEP (Individual Education Plan) _____ or 504 PLAN _____. If so please explain and provide a copy:

If you completed the above section, please contact the Parks and Recreation Department prior to the start of the program to meet and evaluate whether and to what extent reasonable accommodations can be made.

PRINT NAME OF NATURAL GUARDIAN

SIGNATURE OF NATURAL GUARDIAN

Camp Tamarac Registration

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF TAMARAC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF TAMARAC IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF TAMARAC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

This is to acknowledge that I/we, the undersigned parent(s) or legal guardian(s) of _____ have given my child permission to join in any and all activities, events, or field trips planned during the City of Tamarac's Parks and Recreation Summer Camp Program.

I recognize that an injury may be sustained. In the event of such an injury to my child and none of the parents or legal guardians can be contacted, I give permission to the attending physician to render such treatment that would be appropriate under the circumstances and agree to pay the usual charges for such treatment. I hereby indemnify, release and discharge the City of Tamarac, its officers, employees, agents and assigns from every claim of liability, personal injury or damage of any kind sustained by my child caused by or having any relation to any activity run by the City Tamarac's Parks and Recreation Summer Camp Program. I understand this release applies to any present or future injuries and that it binds my heirs, executives and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of existence.

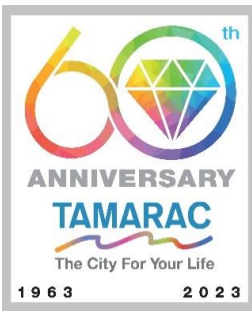
PRINT NAME OF MINOR CHILD

PRINT NAME OF NATURAL GUARDIAN

ADDRESS

SIGNATURE OF NATURAL GUARDIAN

DATE: _____



CAMP TAMARAC

PLEASE READ CAREFULLY, COMPLETE AND RETURN WITH YOUR CAMP REGISTRATION PACKET

PLEASE PRINT

CAMPER'S NAME _____

PARENT/GUARDIAN NAME _____

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IMAGE, VOICE AND PHOTOGRAPH RELEASE

I grant permission for the City to use my or my child's image, voice, and/or photograph in any informational or promotional materials or other published or electronic materials. The use of such material may include promotional materials, newspapers, newsletters, articles, columns, blogs, broadcast interviews or other electronic media or videos regarding the City of Tamarac and its programs.

Signature of Parent/Guardian _____ Date: _____

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LATE FEE POLICY

The program ends each day at 6:00 pm. A late pickup fee of \$5.00 will be assessed for every 5 minutes your child remains on site after 6:00 pm. *This fee must be paid upon pick up in cash or check.*

Signature of Parent/Guardian _____ Date: _____

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BEHAVIOR POLICY

I understand that if my child disrupts the daily operations of the program or becomes a disciplinary problem, he/she will be asked to withdraw from the program without a refund.

Signature of Parent/Guardian _____ Date: _____
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