



Summer Camp 2011 Registration Form

Child's Name: _____ Nickname: _____

Child's Address: _____

City: _____ Zip: _____

Gender: _____ Date of Birth: _____ Age: _____

Entering Grade: _____ School Attending in Fall: _____

T-Shirt size: Youth: S M L Adult: S M L

Child's description Information:

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Who has legal custody: (If other than Parents) _____

Relationship to child: _____

Address: _____ City _____ Zip _____

Home Phone #: _____ Cell: (____) _____

Mother's Name: _____

Home Phone: (____) _____ Cell: (____) _____

Place of Employment: _____

Address: _____ City _____ Zip _____

Telephone: (____) _____ Ext. _____

Father's Name: _____

Home Phone: (____) _____ Cell: (____) _____

Place of Employment: _____

Address: _____ City _____ Zip _____

Telephone: (____) _____ Ext. _____

People Authorized (relatives or neighbors) who have your permission to remove your child from the program because of illness or Emergency: *Other than parents!

Name _____ Relationship to child _____

Address: _____ City _____ Zip _____

Home Phone #: _____ Cell: (____) _____

Name _____ Relationship to child _____

Address: _____ City _____ Zip _____

Home Phone #: _____ Cell: (____) _____

Additional adults who have your permission to pick up your child. *Other than parents!

Name _____ Relationship _____

Cell: (____) _____ Other phone(____) _____

Name _____ Relationship _____

Cell: (____) _____ Other phone(____) _____

Parent/Guardian Signature _____ Date _____ 2011

Child's Medical History Information:

Child's Name: _____ Date of Birth: _____

Child's physician/health resource: _____

Address: _____

City: _____ Phone Number: _____

Child's Dentist: _____

Address: _____

City: _____ Phone Number: _____

Hospital Preference: (be specific) _____

What medical, physical or emotional special needs does your child have of which we need to be aware? _____

List all known Allergies: Insect Bites/Stings: _____

Food Allergies: _____

Other: _____

Previous or Existing Medical Concerns: (circle all that apply) Heart Asthma Seizure Epilepsy
Diabetes Surgery Burns Broken/Dislocated bone(s) Other _____

Does your child take any medication? _____ **If yes, a Medication Form must be completed.**

Does your child have any medical restrictions that would affect participation in camp activities? _____

Please circle the activities/sports your child is not permitted to participate in: Dodgeball Volleyball Soccer Yoga
Basketball Baseball Volleyball Softball Flag/Tag Football Tennis Other: _____

*** \$25.00 Registration & Supply Fee Due With Completed Registration Form***

Camp Fees: *Madeira Beach Residents:* \$75 per week, per child \$65 per week, per additional siblings

Non-Residents: \$100 per week, per child \$90 per week, per additional siblings

**ALL FIELD TRIPS are included in the weekly fees EXCEPT Special Lunch Days!*

Field Trips will be Monday-Thursday. Fridays=Extreme Water/Beach Days/Pizza or Cookout

****Please Note- Summer Camp 2011 offers only Full Week Camps. NO part time rates are available.**

I would like to register my child for the following weeks: (Please check all appropriate spaces)

- _____ Week 1 (June 13th – June 17th) "Fun in the Sun" _____ Week 6 (July 18th – July 22nd) "Surfs Up!"
- _____ Week 2 (June 20th - June 24th) "Pirate Week" _____ Week 7 (July 25th – July 29th) "Multicultural Week"
- _____ Week 3 (June 27th – July 1st) "Spirit Week" _____ Week 8 (August 1st – August 5th) "Got Talent?"
- _____ Week 4 (July 5th – July 8th) "Carnival Week" _____ Week 9 (August 8th – August 12th) "Aloha"
- _____ Week 5 (July 11th – July 15th) "Tampa Bay Watch/Beach Clean Up & Photo Gallery!"

Release of Liability

By its nature, participation in recreational activities includes a risk of injury. Consider your child's physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice. Since the City of Madeira Beach is not aware of my or my dependant(s) physical condition or training for various activities and in consideration of the benefits and opportunities afforded to me or my dependants by participation in activities sponsored by the City, I state as follows: If I or my dependants should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me or my dependants transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Madeira Beach, its employees or agents for any personal injury my dependents or I might incur during participation in recreation activities.

Parent/Guardian Signature _____ Date _____ 2011