



Coral Gables Parks and Recreation

SUMMER CAMP REGISTRATION FORM



PARTICIPANT INFORMATION

Child's Name: _____ Age _____
FIRST LAST / /
Parent Name: _____ D.O.B. _____
FIRST LAST Grade Completed _____

Address: _____
No. & Street Apt #

Main Phone: _____ City State Zip

Other Phone: _____ **E-mail:** _____

PROGRAM REGISTRATION

Camp	Week/Session/Dates	Parent/Guardian Signature	Date	Staff Initial
	Week 1 (June 13–June 17)			
	Week 2 (June 20–June 24)			
	Week 3 (June 27–July 1)			
	Week 4 (July 5–July 8**)			
	Week 5 (July 11–July 15)			
	Week 6 (July 18–July 22)			
	Week 7 (July 25–July 29)			
	Week 8 (Aug 1–Aug 5)			
	Week 9 (Aug 8–Aug 12)			
	Week 10 (Aug 15–Aug 19) <i>Venetian Pool ONLY</i>			

EMERGENCY INFORMATION

Allergies/Medications/ Special Instructions: _____

Emergency Contact: _____ **Emergency Phone:** _____

Last Name: _____

FOR OFFICE USE ONLY

First Name: _____

PLEASE PRINT LEGIBLY

ALL names appearing on this form will be listed as authorized to pick-up this child

AUTHORIZED PICK-UP (MAIN CONTACT & ADDT'L EMERGENCY INCLUDED UNLESS CHECKED)

CODE WORD:

*Allows main contact to make changes to paperwork.

Name	Contact Number	Relation to Participant

RELEASE, WAIVER OF CLAIMS AND INDEMNIFICATION AND DEFENSE CLAUSE

I HAVE READ AND UNDERSTAND AND AGREE AS FOLLOWS: In consideration of participation in the activities and use of the facilities provided by the City of Coral Gables Parks and Recreation Division, I, for myself and for my heirs, personal representatives, executors, and assigns, and, if the participant is a minor child, for my minor child or ward and minor child's or ward's heirs, personal representatives, executors, and assigns do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my or my minor child's or ward's participation in activities or use of any facilities of the Parks and Recreation Division of the City of Coral Gables ("City"), and do hereby release, discharge, and covenant not to sue the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its officers, employees, attorneys, servants, agents, and volunteers for any reason, including any of the released parties' negligence, and I hereby personally agree to indemnify, hold harmless, and defend at my own expense and pay on behalf of, the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its employees, attorneys, servants, representatives, officers, agents, volunteers, and successors and assigns, from and against any and all claims, demands, liens, liabilities, judgments, losses, and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses, and attorney's fees, at trial and on appeal brought for, by or on behalf of myself, my minor child or ward against the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its employees, attorneys, servants, representatives, officers, agents, volunteers, and successors and assigns, arising out of or in connection with, in whole or in part, directly or indirectly, my and/or my minor's or ward's attendance and/or participation or use of any Facilities of the Parks and Recreation Department of the City.

Furthermore, I hereby acknowledge that participation in any physical activity may result in injury to my, my minor child's, or ward's body. By signing this registration form I hereby warrant and represent that I, on behalf of myself, or if the participant is a minor, my minor child or ward, have consulted a physician regarding participation in physical activity, and represent and warrant that I, my minor child, or ward am/are physically capable and mentally able to participate in the physical activity that I choose to engage in at any facilities of the Parks and Recreation Division of the City.

PHOTO RELEASE: I hereby grant authorization to the City of Coral Gables to use photographs of myself and/or my minor or ward for publicity purposes.

Signature: _____

Date: _____

Parent

Guardian

****ALL names appearing on this form will be listed as authorized to pick-up this child****