



City of Lauderhill
Parks and Leisure Services
Department

Registration Form Summer Camp 2017

Please write legibly

Site	_____
Date Rec'd	_____
Amount Paid	_____
Receipt #	_____
Form #	_____

Camper's Name _____ Grade, Fall 2017 _____ Shirt size YM YL AS AM AL
 Birth date _____ Sex _____ Age (as of June 12, 2017) _____
 List of siblings enrolled in camp _____
 Camper's address _____
 City _____ State _____ Zip Code _____
 BEST Contact phone _____ Other contact Phone _____
 Mother's/Guardian's Name _____ Business Phone _____
 Father's/Guardian's Name _____ Business Phone _____
 Parent's Marital Status _____ Who is the child's PRIMARY care taker (WHO do we call first)? _____
 Does your child have a *disability/medical condition/behavioral challenge* that could require a reasonable accommodation to participate fully and effectively in our summer camp program? **Yes** _____ **No** _____ if YES, *please fill out medical form completely and accurately*
 In case of emergency, contact (other than PRIMARY CONTACT) we will call in this order:
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

EMAIL ADDRESS FOR PARENT/GUARDIAN _____ **NO SPAM**
 Would you like to be added to automated Lauderhill Parks ONLY phone/email announcements? **Yes / No**

Select a camp site (each site is 8 weeks) Veterans West Ken Lark Windermere St. George
 *Late fees will apply (see late fee form)

With whom does the child wish to be grouped (Limit 2—only mutual requests will be honored)
 1. _____ 2. _____

Who is authorized to pick up child?—Limit 5—please list each person on *Pick-up Sheet*
 Parent authorization code (pick a word or 4-digit number): _____
 Camper's physician _____ Phone number _____

My child has permission to participate in the City of Lauderhill Parks and Leisure Services Department's Summer Camp 2017 from June 18th to August 11th and to attend scheduled field trips, special events and activities. I understand that I am responsible for providing supervision for my child prior to the start of the program in the morning and after the program in the afternoon. I understand that no refunds are given after the 1st week of camp and that refunds are given only if I provide a *written* request, along with a *copy of my paid registration receipt* and that a \$20 processing fee will be deducted from the refund. I understand that it may take up to 8 weeks after my request to receive my refund, if approved. I have read and understood all of the attached registration documents and I agree to the terms and conditions. I have read, signed and dated the attached waiver form.

Signature of Parent/Guardian _____

EXTRA T-shirt order ONLY (Cost per shirt is \$10.00, Adult XL-\$15.00, Adult XXL-\$18.00)

Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large
How many extra shirts? _____	_____	_____	_____	_____
Total Cost of extra shirts \$ _____				_____

OFFICE USE ONLY---PLEASE FILL THIS OUT COMPLETELY

Proof of Residency _____	Kindergarten Letter (5-6 year olds only) NO PRE-K!!! YES or NO	DATE PAID	Full
Registration			
EARLY BIRD RATE	\$490/560	_____	_____ R or NR
Camp Fee resident	\$560/child	_____	_____
Camp Fee non-resident	\$690/child	_____	_____
Extra T-shirts (if any)	\$10/15/18shirt	_____	_____
	Date Completed	_____	_____
	Total Fees Received:	_____	_____
	Receipt Numbers	_____	_____
	CC or Check #?	_____	_____

Behavior Form? _____ Walker/Pickup Form? _____ Medical Form? _____ Late policy form? _____
 Notarized Waiver? _____ PHOTOGRAPHY WAIVER form? _____

Received by _____

**Parks & Leisure Services Department
Camp - Parental Release and Waiver of Liability**

Name of Minor (Print Name): _____ Camp Site _____
Address: _____ City: _____ Zip: _____
Phone: _____ Age: _____ Date of Birth: _____
Emergency Contact: Name: _____ Phone: _____
Physician Name: _____ Phone: _____

I, _____, the parent, legal guardian or custodian of _____, a minor child, hereby acknowledge that my child/ward will be participating in a City of Lauderhill Camp Program (hereinafter referred to as "Program") to be held at the following location(s): _____. I understand that my child/ward is only permitted to use these premises while participating in the designated Program and only when he/she is being supervised by a Camp Counselor or Site Coordinator. I acknowledge that my child/ward is participating in all events, activities and any transportation associated with the Program at his/her own risk. I hereby represent that said minor is in good health, has no communicable diseases, and has no physical conditions that would interfere with his/her use of the premises or participation in this Program.

I do hereby knowingly, freely and voluntarily release, acquit, waive, discharge, and covenant to hold harmless the CITY OF LAUDERHILL, any and all of its departments, counselors, coordinators, volunteers, officers, employees, agents, and their respective heirs, successors and assigns from any and all liability, claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, loss of services, compensations, judgments, executions or demands whatsoever which may be sustained by my child/ward directly or indirectly in connection with, or arising out of my child's/ward's use the above-referenced premises or participation in the associated events, whether they are participating in the Program or merely attending as spectators or visitors of the Program.

I hereby give the City of Lauderhill the right to refuse the use of any City facility and the right to discontinue the Program if the City has determined, in its sole discretion, that it is in the best interest of the City, the Program participant, or any spectators. The City also has the discretion to remove a participant from the Program or to prohibit their continued participation in the Program due to behavior, conduct, activities, or other facts and circumstances if such action is deemed necessary by the City.

I hereby give the City of Lauderhill the authority to authorize emergency transportation and/or emergency treatment to the minor/ward. I also permit the City's representative to sign all documents which are required in order to permit the emergency transportation and/or emergency treatment to the minor/ward. I further agree to indemnify the City for the costs associated with any emergency medical services incurred by the minor/ward.

I have read this RELEASE AND WAIVER OF LIABILITY form and fully understand its terms. I further understand that I have given up substantial rights on my own behalf and on behalf of my child/ward by signing this form and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent permitted by law and agree that if any portion of this RELEASE AND WAIVER OF LIABILITY is held to be invalid or unconstitutional, only that portion shall be voided and the remainder of this document shall continue in full legal force and effect.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____
(MUST SHOW PROOF OF IDENTITY BY APPROPRIATE PHOTO I.D. AT TIME OF SIGNATURE IN PRESENCE OF CITY STAFF IN LIEU OF NOTARY PUBLIC)

WITNESS OR NOTARY PUBLIC _____

SUMMER CAMP 2017

Medical Information Page

Child's name _____ Age _____

Application number _____

Physician Name/office number _____

Hospital to transport _____

Your Phone numbers to call _____

Any other Emergency numbers we can call if we cannot reach you _____

Allergies (Please include food/environment allergies) _____

Illness(s) we should be aware of _____

Does your child have a **DISABILITY** or **MEDICAL CONDITION** or **BEHAVIORAL CHALLENGE** that could require a reasonable accommodation to participate fully and effectively in our summer camp program? *Please explain any additional information your child's counselor may need to know to best accommodate your child in this camp (violent/harmful/inappropriate behavior is not accepted nor accommodated)* _____

*I understand that the Lauderhill Recreation staff is not authorized to administer medication to my child. ***

Parent/Guardian PRINT NAME CLEARLY

Parent/Guardian signature

****Please make sure that your child knows when and how to take his/her medication on his/her own. Make sure his/her medication is securely contained in it's *original* bottle or packaging— PLEASE no foil, plastic or paper wrapped pills or pills in zip bags!!! Tell your child not to pass their medication around to others and not to hesitate to request for privacy when taking meds.**

**City of Lauderhill
Parks and Leisure Services Department
LATE Pick Up Form**

I understand that I have registered my child for

CIRCLE ONE **Veterans** **West Ken Lark** **Windermere** **St. George**

I UNDERSTAND THAT MY CHILD MUST BE PICKED UP EACH DAY BY 6PM

Initial Here _____

If my child is not picked up by this time I will be charged the following late pick-up fees:

- ❖ **First offense** **\$5 every 15 minutes or portion thereof.**
- ❖ **Second offense** **\$8 every 15 minutes or portion thereof.**
- ❖ **Third offense** **\$10 every 15 minutes or portion thereof.**

These must be paid when picking up child or prior to the start of the next camp day. If not paid, the child WILL NOT be allowed to attend camp until the full amount due is paid. Consistent late pickups may result in my child being permanently expelled from camp, no refunds. (PLEASE SEE PARENT HANDBOOK FOR LATE PICKUP PROCEDURES THAT MAY INVOLVE THE LAUDERHILL POLICE).

PARENT/GUARDIAN SIGNATURE

City of Lauderdale Parks and Leisure Services Department
Summer Camp 2017

DISCIPLINARY POLICY—*Please read carefully*

To ensure a safe, fun summer, and in all fairness to other campers, the City of Lauderdale Parks and Leisure Services Department has devised the following disciplinary policy:

First Offense: A discussion will take place between the child and their counselor to alert the child of unacceptable behavior and giving corrective advice.

Second Offense: A discussion will take place with the child, their counselor, and the site coordinator. Also, the child may be denied participation in some camp activities, but will be allowed to attend camp.

Third Offense: The child may be suspended from camp for one or more days.

Fourth Offense: If the child's disruptive behavior is not corrected, the child may be suspended from the remainder of the summer camp program.

*Please note that steps may be skipped depending on the nature of the offense, for example if the behavior puts the child or others in danger of being harmed. Parents will be notified for all offenses. Each offense will be documented on a "disciplinary action" form which the parent will be asked to sign. Also, there will not be any refunds due to disciplinary suspensions.

I, _____, have read, understand, and will fully support the disciplinary policy set forth by the Lauderdale Parks and Leisure Services Department.

Date

Signature of Parent/Guardian

City of Lauderdale
Parks and Leisure Services Department
Drop-off / Walker / Pick-Up Form

WALKERS

My Child _____ has my permission to WALK or to RIDE his/her bicycle
(Please Print Child's Name)
home from camp or to be dropped off and has my permission to sign himself/herself *in and out* with the group counselor at the end of camp each day, unless otherwise notified.

Date

Signature of Parent/Guardian

PICK UP AUTHORIZATION (*read below carefully*)*

I, _____ grant permission to the following people to pick up my
(Please Print Parent/Guardian Name)

child _____ from camp, at the end of the day, unless otherwise notified.
(Please Print Child's Name)

Please Print:

_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone

Date

Signature of Parent/ Guardian

*Make sure that you and your designees **know your authorization code and shows proper ID**. Our staff will NOT release your child to anyone who is not on this list OR without proper ID and prior written authorization from you. EMAIL to dbrown-dyer@lauderdale-fl.gov or fax to 954-321-2460
attn: LAUDERHILL SUMMER CAMP STAFF

CITY OF LAUDERHILL
CONSENT TO AUTHORIZE USE OF IMAGE OR LIKENESS

I, _____, on behalf of myself and/or my minor child/ward hereby acknowledge that myself and/or my child/ward will be, or has, participated in or attended an event/program/function/activity (hereinafter "Event") where the City of the Lauderhill has taken, or caused to be taken, photographs, pictures, videotaping, recording, digital images, or likenesses of any kind or medium (hereinafter "Images") of myself and/or my child/ward in connection with said Event. I on behalf of myself and my child/ward hereby knowingly, freely and voluntarily consent to authorize the City of Lauderhill to publish or use any Images of myself and/or my child/ward in any medium, including but not limited to the following: The Spotlight, flyers, newspapers, internet, computer, television, or video without any compensation or remuneration to me or my child/ward.

I do hereby knowingly, freely and voluntarily release, acquit, waive, discharge, and covenant to hold harmless the CITY OF LAUDERHILL, any and all of its Departments, its officers, employees, agents, volunteers and their respective heirs, successors and assigns from any and all liability, claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, loss of services, compensation, judgments, executions or demands whatsoever which may be sustained by me or my child/ward directly or indirectly in connection with, or arising out of, the use or publication of any Images of myself or my child/ward from said Event.

SIGNATURE:

(Must be at least 18 years of age to sign)

PRINT NAME:

NAMES OF CHILDREN/WARDS: _____ (if
parent/guardian is signing on behalf of)

ADDRESS:

DATE: _____ **PHONE NUMBER:** _____ **AGE:**