MIAMI SPRINGS
At the Heart of it All!
PARKS & RECREATION

School Holiday Program
2026 / 2027
REGISTRATION FORM

SHP Only:_____

Participant's Name: _____
(Last) (First) (Date of Birth) (Age)

Address: _____ City: _____ Zip: _____

Primary Phone: _____ E-Mail: _____

Parent/Legal Guardian: _____Work#: _____ Cell#: _____

Parent/Legal Guardian: _____ Work#: _____ Cell#: _____

OTHER CONTACTS IN CASE OF EMERGENCY / ALLOWED TO PICK UP (Must provide photo I.D. when picking up)

Name:_____Phone:_____Name:_____Phone:_____
Name:_____Phone:_____Name:_____Phone:_____
Name:_____Phone:_____Name:_____Phone:_____
Name:_____Phone:_____Name:_____Phone:_____

Please list any known allergies (food, insect bites, etc.) or other medical problems: _____

SHP	AUG 10	AUG 11	AUG 12	SEPT 21	NOV 3	NOV 23
AMT						
REC #						
DATE						
SHP	NOV 24	NOV 25	DEC 18	DEC 21	DEC 22	DEC 23
AMT						
REC #						
DATE						
SHP	DEC 24	DEC 28	DEC 29	DEC 30	DEC 31	JAN 15
AMT						
REC #						
DATE						
SHP	MAR 10	MAR 22	MAR 23	MAR 24	MAR 25	MAR 26
AMT						
REC #						
DATE						
SHP	MAR 29				Registration	
AMT					$50	
REC #					Rec#:	
DATE					Date:	

The Participant and his/her parent or guardian ("Participant") assumes all risk of possible damage or injury or death through the use of the City of Miami Springs' (the "City") facilities. The Participant agrees to compensate the City for any repair and/or replacement costs for damages to City facilities or equipment as a result of Participant's misuse of equipment. The Participant and his/her parent or guardian agrees to release, discharge, indemnify and hold harmless the City, its officials, employees, agents and representatives and all of the foregoing's respective successors and assigns, and waive all liabilities, losses, damages, costs, expenses (including, but not limited to, attorney's fees and expenses), causes of action, suits and claims of any nature whatsoever (collectively, the "Liabilities") arising from, based upon or relating to personal injury or death to, or damage or loss of property of the Participant or his/her parent or guardian sustained in any way in connection with the Participant's participation in the After School Program or School Holiday Program and related activities/programs. Furthermore, I give permission to the City to film and/or photograph the Participant for use in publications/advertising (e.g., flyers, pamphlets, local paper, website).

Parent/ Guardian Signature: _____ Date:_____