



# 2023 SUMMER CAMP REGISTRATION FORM



Participant's Name: \_\_\_\_\_  
(Last) (First) (Date of Birth/ Age)

Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

### Emergency Contact (Must provide photo I.D. when picking up)

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Authorized to pick up? Yes No

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Authorized to pick up? Yes No

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Authorized to pick up? Yes No

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Authorized to pick up? Yes No

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

**Full or Sessions Summer Camp** **PAYMENT TYPE: Cash, Check or Credit Card**

Age Group: 5-6 7-8 9-10 11-12

**Session 1 - June 12 - June 30**

**Session 2 - July 3 - July 21**

**Session 3 - July 24 - August 11**

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 Summer Camp 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 Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Age Group: _____
T-Shirt Size: _____
Sibling/Age: _____
Receipt #: _____