2016 Palmetto Bay Tennis Summer Camp

Please ensure you read and complete all portions of this registration form.

Please contact us if you need any assistance or if you have any questions. Thank you.

Village of Palmetto Bay 9705 East Hibiscus Street, Palmetto Bay, Fl 33157 (305)-259-1234

www.palmettobay-fl.gov

10 Weeks – June 13 – August 19, 2016

Name of Camper: _____ Grade (Fall '16) _____

Address _____City, State, Zip Code_____

Phone Number _____Male/Female _____ Age _____ Birth Date _____

Name of School _____T-Shirt size _____ S ____M ____L ____XL ____XXL

FAMILY INFORMATION: e-mail: _____

Parent/Guardian (First/Last/MI) _____ Home Phone _____

Address_____ Employer _____

Work Address_____Cell Phone_____Alternate Phone_____

Parent/Guardian (First/Last/MI) _____ Home Phone _____

Address_____ Employer _____

Work Address _____ Cell Phone_____ Alernate Phone _____

EMERGENCY CONTACT

In case of emergency if we can not reach a parent/legal guardian please list two emenrgency contacts.

Name_____ Phone _____ Relationship_____

Name_____ Phone _____ Relationship_____

CAMPER PICK-UP AUTHORIZATION

(Parents must list themselves in addition to any other authorized individuals)

Parent/Guardian Authorization Signature: _____

1. _____ Phone:_____
2. _____ Phone:_____
3. _____ Phone:_____
4. _____ Phone:_____

SUMMER CAMP 2016 CAMPER EMERGENCY INFORMATION & EMERGENCY TREATMENT CONSENT FORM

Camper Name (First/Last/MI) _____Grade (Fall 16') _____DOB_____

Age:_____ Camper's Address _____City _____

State_____ Zip Code_____ Phone _____ Cell Phone _____

Health Information

Child's Physician_____ Phone_____

Address _____

Insurance Co. _____ Policy Holder Name_____

Employer Group #_____ Member #_____

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best camp experience for your child.

_____

List any or all medications, which your child will bring with him/her to camp:

Medication	Medical Condition	To be Given When/How
_____	_____	_____
_____	_____	_____

Allergies: List all known allergies

Allergies	Describe reaction and management of reaction
_____	_____
_____	_____

Important Please Read, Initial and Sign Below

In the case of an emergency and if I cannot be reached, I authorize the staff of the Village of Palmetto Bay to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees. I am the parent or legal guardian of the minor, and I am signing on behalf of said minor. _____
Initial

I hereby authorize my child to participate in any and all programs sponsored by the Village of Palmetto Bay, Department of Parks and Recreation, and hereby waive, release, absolve, indemnify and agree to hold harmless the Village of Palmetto Bay, and its employees there of; participants, persons transporting the participants to and from activities, and any other individual, group, organization or corporation under contract with Village of Palmetto Bay, for any claim arising out of an injury to the participant. I understand that the Village of Palmetto Bay is not responsible for any personal items, etc, lost during this program and I will discourage my child from bringing such items. _____
Initial

My child has parental consent to attend all field trips and activities sponsored by the Village of Palmetto Bay, Parks and Recreation Department, unless I provide the camp with a written letter stating otherwise. _____
Initial

I ☐ **grant** or ☐ **do not grant** the right for my child's image or likeness to be used for marketing or printing purposes associated with the promotion and marketing and news story coverage of parks and recreation related activities. I give my permission to the Village of Palmetto Bay for any photos or video footage of my child taken during the course of this summer camp program to be used for educational, promotional, or any other purpose by the Village of Palmetto Bay. _____
Initial

I understand all payments must be made at the beginning of the camp week.

_____ _____

Parent/Legal Guardian (signature of authorization for above) Date