



# 2010 Palmetto Bay 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 8950 SW 152 street, Palmetto Bay, FL 33157 (305)-259-1234 [www.palmettobay-fl.gov](http://www.palmettobay-fl.gov)

Name of Camper: \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_  
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 Phone \_\_\_\_\_ Work Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Parent/Guardian (First/Last/MI) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

### EMERGENCY CONTACT

In case of emergency if we can not reach a parent/legal guardian please list two emergency 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: \_\_\_\_\_

**Week 1** 6/14 to 6/18 **Week 2** 6/21 to 6/25 **Week 3** 6/28 to 7/2 **Week 4** 7/5 to 7/9  
**Week 5** 7/12 to 7/16 **Week 6** 7/19 to 7/23 **Week 7** 7/26 to 7/30 **Week 8** 8/2 to 8/6

**SUMMER CAMP 2010  
CAMPER EMERGENCY INFORMATION &  
EMERGENCY TREATMENT CONSENT FORM**

**Camper Information**

Camper Name (First/Last/MI) \_\_\_\_\_ Grade (Fall 10') \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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 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.

\_\_\_\_\_

Print Name of Parent/Guardian

\_\_\_\_\_

Signature of Parent/Guardian

**2010 Summer Camp Consent Form**

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

School Attended \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

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.

\_\_\_\_\_  
Parent/Legal Guardian Date

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.

\_\_\_\_\_  
Parent/Legal Guardian Date

I 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.

\_\_\_\_\_  
Parent/Legal Guardian Date