

CityFun

2010

Camps



Registration Form

One Per Child

Please print clearly.

Return this form.

Sports/Specialty Camp

Child's Name: _____ Sex: M F

Date of Birth: _____ Age (As of September 1, 2009): _____

School Currently Enrolled in: _____ Grade Presently In: _____

Child's Home Address: _____
Street City Zip

Mother's Name: _____ Father's Name: _____

Mother's Home Phone #: _____ Father's Home Phone #: _____

Mother's Work #: _____ Father's Work #: _____

Mother's Cell #: _____ Father's Cell #: _____

Mother's Email: _____ Father's Email: _____

In case of emergency, call: _____ at _____
Name/Relationship Phone #

Will anyone other than you pick up the child? Yes No

If yes, please identify: _____ Relation: _____

Does your child have special needs? Yes No If yes, indicate disability or diagnosis: _____

Does your child take medication? Yes No List medications: _____

I hereby declare that I am the parent/guardian of _____ and give my consent for his/her participation in all activities at the 2010 CityFun Day Camp Program. In consideration of my child being permitted to participate in this program, I hereby release, waive and discharge the City of West Palm Beach, its agents, employees and volunteers from all liability for all injury, loss or damage, and any claim of damage to the person or property of my child during his/her participation. It is understood that my child/ren may be photographed during the course of this program and the photographs may be used in official City of West Palm Beach publications. It is further understood that any false information provided for in this registration form will be cause for immediate termination based on participation safety and ratios. A service fee of \$20 per child will be charged if cancellation of your registration is made two weeks prior to the start of the program. No cancellations will be accepted after two weeks prior to the start of the program. The service fee will be deducted from your refund.

Signature of Parent/Guardian

Date

In accordance with the American with Disabilities Act (ADA), persons in need of special accommodations to participate in the proceeding shall, within three business days prior to any proceeding, contact the West Palm Beach Department of Parks and Recreation at 401 Clematis Street, W.P.B., FL 33401, or call (561) 804-4900.

Office Use Only

Payment Receipt #: _____ Date: ____ / ____ / ____ Check #: _____ Credit: Amount Paid: \$ _____ Staff Initials: _____