

# City of Pembroke Pines Parks & Recreation

2010 Summer Soccer Camp Registration Form: Date of Camp: June 14<sup>th</sup> to July 23<sup>rd</sup>, 2010

Ages: 3 to 14 only Cost per child: Varies depending upon age and length of camp

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female Height \_\_\_\_\_ Feet: \_\_\_\_\_ Inches: \_\_\_\_\_ Weight: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ FL  
Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

How many years has this child been playing Soccer? Years: Click and Select

Did this child attend our summer camp in 2009? Click and Select

Mother's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Emergency Contact:** A person other than the parent/guardian that can be contacted in an emergency if we are unable to reach the parent/guardian. The emergency contact person also has permission to remove the participant from the program.

1<sup>st</sup> Contact name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
2<sup>nd</sup> Contact name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Parent's or Guardian's Signature:**

**OFFICE STAFF ONLY (circle one)** Birth Certificate/Passport Verified: Yes or No PP Residency verified: Yes or No  
Medical form completed: Yes or No Waiver form completed: Yes or No Password: \_\_\_\_\_

1<sup>st</sup> Week Paid: \$ \_\_\_\_\_ Full Day or Half Day Paid On: \_\_\_\_/\_\_\_\_/2010 Ck #: \_\_\_\_\_  
2<sup>nd</sup> Week Paid: \$ \_\_\_\_\_ Full Day or Half Day Paid On: \_\_\_\_/\_\_\_\_/2010 Ck #: \_\_\_\_\_  
3<sup>rd</sup> Week Paid: \$ \_\_\_\_\_ Full Day or Half Day Paid On: \_\_\_\_/\_\_\_\_/2010 Ck #: \_\_\_\_\_  
4<sup>th</sup> Week Paid: \$ \_\_\_\_\_ Full Day or Half Day Paid On: \_\_\_\_/\_\_\_\_/2010 Ck #: \_\_\_\_\_  
5<sup>th</sup> Week Paid: \$ \_\_\_\_\_ Full Day or Half Day Paid On: \_\_\_\_/\_\_\_\_/2010 Ck #: \_\_\_\_\_  
6<sup>th</sup> Week Paid: \$ \_\_\_\_\_ Full Day or Half Day Paid On: \_\_\_\_/\_\_\_\_/2010 Ck #: \_\_\_\_\_

Make check payable to **City of Pembroke Pines**. Put **child(ren) names in the memo area** of the check. Reminder: **NO Refunds after July 23<sup>rd</sup>, 2010.** An administration fee of **\$ 30.00 will be charged per child if a refund is requested.**

Please **be sure to Sign the Waiver form & fill out any forms** attached to the back of this application. **Failure to sign the Waiver form will cause your application to Not Be Approved.**

## NOTICE: WAIVER / RELEASE OF LIABILITY

I, the undersigned do hereby expressly acknowledge that participation in the City of Pembroke Pines soccer program may involve risks, and I, on behalf of myself and my minor child/ward named herein as the participant, do hereby voluntarily assume any and all risks of injury to my person or property, or that of my minor child/ward which may result directly or indirectly from my and/or my minor child/ward's participation

in the soccer program sponsored by the City of Pembroke Pines. I, on behalf of myself and my minor child/ward, do hereby voluntarily release, waive, indemnify, discharge and covenant not to sue the City of Pembroke Pines and their respective officers, servants, agents, and employees, for any and all claims, liability and causes of action whatsoever which I, my heirs, assigns, or successors may have against any of them by reason of my or my child/ward's participation in the City of Pembroke Pines soccer program including such claims against the City of Pembroke Pines and their respective officers, servants, agents and employees for damages.

I further authorize the City of Pembroke Pines Parks and Recreation Department to film and / or photograph the participant for use in publicizing events and / or programs.

Parent/Guardian/Coach/ Player Signature:		Date:	
Name of Child / Participant :		Date filled out and signed:	

**This Waiver / Release of Liability sheet  
MUST BE COMPLETELY FILLED OUT  
Or your application will not be complete.**

# MEDICAL INFORMATION FORM

**Player's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Last Tetanus Shot:** \_\_\_\_\_

<b>Known Allergies of this player, including any allergies to Medication:</b>
<b>Any other medical problems, which should be noted:</b>

**Family Physician:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Person to notify in case of emergency:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

<b>Parent's/Guardian Signature:</b> _____
<b>Date Signed:</b> _____