



**City of Pembroke Pines Parks and Recreation Department**  
**Summer Camp 2010 Registration Form**  
 501 SW 172<sup>nd</sup> Avenue, Pembroke Pines, FL 33029, Phone: 954-435-6520



**AGES**  
**6-11**

**Please use ballpoint pen. PRESS FIRMLY** Make check payable to: **City of Pembroke Pines** Tax ID#: **59-0908106** (Keep a copy of receipt for tax purpose)

**Participant Information:**

Name of Child \_\_\_\_\_ Sex: M or F Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_ Password for child pick up: \_\_\_\_\_

My signature authorizes my child to participate in swimming/water\* related activities: \_\_\_\_\_

\*To participate on swimming days your child must pass an American Red Cross Level II Swim Test (Signature Required)

May your child participate in the following: View PG Movies? **Y** or **N** Initials: \_\_\_\_\_ View PG-13 Movies? **Y** or **N** Initials: \_\_\_\_\_

Mother's/ Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Father's/ Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

**Emergency Contact (If parent cannot be reached):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

**Medical Information**

Any allergies or illness \_\_\_\_\_

Any medication \_\_\_\_\_

Is there any pertinent information we should know about your child? \_\_\_\_\_

**Designated Child Pick-Up Including Parents** (Photo ID is required each time): List anyone who will pick up child. **Mother Y or N** **Father Y or N**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

I give my child permission to walk or ride a bike to and from camp? **Y** or **N** (Signature) \_\_\_\_\_

Plan A (Trips Included) <i>Must be at campsite by 8:00am</i>	Pembroke Pines Resident Pre-Registration Rate		Pembroke Pines Resident Regular Registration Rate		Broward Resident Pre-Registration Rate		Broward Resident Regular Registration Rate	
	Plan A	Plan B	Plan A	Plan B	Plan A	Plan B	Plan A	Plan B
<b>Plan B (No Trips)</b>								
<b>One Child</b>	\$250.00	\$173.00	\$270.00	\$193.00	\$355.00	\$240.00	\$375.00	\$260.00
<b>Each Additional Child</b>	\$217.00	\$140.00	\$237.00	\$160.00	\$322.00	\$207.00	\$342.00	\$227.00
One Time Registration Fee	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00

**Circle One Location:** **PRICE PARK** **TOWNGATE** **ACADEMIC VILLAGE** **WALTER C. YOUNG** **PINES RECREATION**

**Please only indicate sessions being paid at this time:**

Session 1	Session 2	Session 3	Session 4	Session 5	Total (Per Child)
<input type="checkbox"/> 6/14-6/25 Plan ____ \$ _____ Pre Reg 6/9	<input type="checkbox"/> 6/28-7/9* Plan ____ \$ _____ *Camp Closed Monday, July 5 Pre Reg 6/23	<input type="checkbox"/> 7/12-7/23 Plan ____ \$ _____ Pre Reg 7/7	<input type="checkbox"/> 7/26-8/6* Plan ____ \$ _____ *Last Day for School Site :Fri., Aug. 6 Pre Reg 7/21	<input type="checkbox"/> 8/9-8/20 Plan ____ \$ _____ Pre Reg 8/4	

**Releases of Liability- By my signature below, I understand** and will comply with the registration information and certify that the above information is correct. I also hereby, for the child named above, waive and forever release any and all rights and claims for injuries and / or damages I may have against the City of Pembroke Pines, Parks and Recreation Department, W.C. Young Resource Center, Broward County School Board and agencies, and any employees and drivers of the vehicles used for transportation for any sponsored trips and during any sponsored activities. Note: Parents are responsible for their children who either come late or leave early from the Summer Recreation Program. The Parks and Recreation Department reserves the right to suspend any child for reasons, which they may deem necessary. No refunds will be given unless the Parks and Recreation Department cancels the trips or activities and is unable to substitute another activity. **NO EXCEPTIONS!** I further authorize the Parks and Recreation Department to film and/or photograph the participant for use in publicizing events/programs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Notary:** \_\_\_\_\_

**Please Note All forms mailed in must be notarized. All forms dropped off by someone other than the child's parent must be notarized.**

**For Office Use Only**

<input type="checkbox"/> Session 1	Plan	WK1 <input type="checkbox"/> WK2 <input type="checkbox"/>	<input type="checkbox"/> Registration Fee Paid	Cash or MO	Credit: AMEX, VISA, MC
<input type="checkbox"/> Session 2	Plan	WK1 <input type="checkbox"/> WK2 <input type="checkbox"/>	<input type="checkbox"/> Residency	Check#:	
<input type="checkbox"/> Session 3	Plan	WK1 <input type="checkbox"/> WK2 <input type="checkbox"/>	<input type="checkbox"/> Birth Certificate	Total Paid \$	
<input type="checkbox"/> Session 4	Plan	WK1 <input type="checkbox"/> WK2 <input type="checkbox"/>	<input type="checkbox"/> 2 <sup>nd</sup> Child Discount		
<input type="checkbox"/> Session 5	Plan	WK1 <input type="checkbox"/> WK2 <input type="checkbox"/>	<input type="checkbox"/> T-Shirts Received: _____	Date Received:	
			<b>Received By:</b>		