



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



TEEN
12-15

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 _____

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

Circle One Location: **ACADEMIC VILLAGE** **WALTER C. YOUNG**

PLAN A Trips Included	Pembroke Pines Resident Pre-Reg. Rate	Pembroke Pines Resident Registration Rate	Broward County Resident Pre Reg. Rate	Broward County Resident Registration Rate
One Child	283.00	303.00	415.00	435.00
Each additional child	250.00	270.00	382.00	402.00
One Time Registration Fee	25.00	25.00	25.00	25.00

Please only indicate sessions being paid at this time:

Session 1	Session 2	Session 3	Session 4	Total (Per Child)
<input type="checkbox"/> 6/14-6/25 Plan _____ \$ _____ Pre Reg 6/9	<input type="checkbox"/> 6/28-7/9* Plan _____ \$ _____ No Camp 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 _____ \$ _____ Pre Reg 7/21	

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 Paid	Cash or MO	Credit: AMEX, VISA or 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 nd Child Discount		
			<input type="checkbox"/> T-Shirts Received _____		
			Received By:	Date Received:	