



Camp Tamarac Registration - PLEASE PRINT

CAMPER'S NAME _____

(First) (Last) ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ CODE WORD _____

HOME PHONE _____ AGE _____ DOB _____ CURRENT GRADE _____

PARENT/GUARDIAN NAME _____ WORK PHONE _____

PARENT GUARDIAN NAME _____ WORK PHONE _____

PERSONS AUTHORIZED TO PICK UP CHILD (EMERGENCY NAMES AND INFO)

PARENT/GUARDIAN YES _____ NO _____ (LIST NAMES BELOW)

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

ANY PERTINENT INFORMATION (ALLERGIES, MEDICATIONS, BEHAVIORAL, VISION, HEARING, MOBILITY, ETC.) _____

Notice

The City of Tamarac Parks and Recreation Department, in compliance with the American Disabilities Act (ADA), requires that all participants in the program must contact the Department before the program begins in order to allow time for the evaluation of and preparation for any required accommodation of a camper's needs.

Does your child have either of the following: IEP (Individual Education Plan) _____ or 504 PLAN _____. If so please explain and provide a copy:

If you completed the above section, please contact the Parks and Recreation Department prior to the start of the program to meet and evaluate whether and to what extent reasonable accommodations can be made.

WAIVER

This is to acknowledge that I/we, the undersigned parent(s) or legal guardian(s) of _____ have given my child permission to join in any and all activities, events, or field trips planned during the City of Tamarac's Parks and Recreation Summer Camp Program.

I recognize that an injury may be sustained. In the event of such an injury to my child and none of the parents or legal guardians can be contacted, I give permission to the attending physician to render such treatment that would be appropriate under the circumstances and agree to pay the usual charges for such treatment. I hereby indemnify, release and discharge the City of Tamarac, its officers, employees, agents and assigns from every claim of liability, personal injury or damage of any kind sustained by my child caused by or having any relation to any activity run by the City Tamarac's Parks and Recreation Summer Camp Program. I understand this release applies to any present or future injuries and that it binds my heirs, executives and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of existence.

Signature of Parent/Guardian _____ Date: _____