



Town of Cutler Bay  
Parks and Recreation Department  
10100 SW 200 Street  
Cutler Bay, FL. 33189

## 2024 SUMMER CAMP REGISTRATION FORM

Ages 6 to 12 (*Birth Certificate required for proof of age*)

Child's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Father's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Child's Gender: Male  Female  Child's Date of Birth (MM/DD/YY) \_\_\_\_\_ Age: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Parent/Guardian Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Email address: \_\_\_\_\_

Does child live with a legal guardian other than mother or father? Yes:  No:

I do hereby agree to the following: (*Please initial each statement*)

\_\_\_\_\_ Assume all risk of possible damage or injury through my child's participation in The Town of Cutler Bay recreational programs.

\_\_\_\_\_ Agree to compensate the Town of Cutler Bay for any repair and/or replacement costs for damages to the facility or equipment because of my misuse of equipment.

\_\_\_\_\_ Agree to indemnify and hold harmless the Town of Cutler Bay and/or its department's, agents, or employees from all liability arising out of my participation in the Town of Cutler Bay recreational programs.

\_\_\_\_\_ Understand and agree to abide by all applicable rules and regulations as set forth herein and attached to this form. I further understand that I may be asked to vacate the premises and may forfeit my participation fee if I fail to abide by these rules and regulations or any other reasonable request from the Town of Cutler Bay staff.

\_\_\_\_\_ I certify that the above information is correct and that I have read and understood the rules and regulations governing this program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### STUDENT RELEASE FORM

This form will be valid throughout the entire Summer Camp Program. If you wish to submit any changes, you must do so in person at the office in writing. All changes must be submitted before your child is picked up. *(Please initial each statement)*

\_\_\_\_\_ You must notify the Town of Cutler Bay, Parks, and Recreation Department in writing if you have any changes to the information provided such as address, telephone, and authorized pick-up.

\_\_\_\_\_ Your child will not be released to anyone under the age of 18 years old.

\_\_\_\_\_ Please inform the individuals authorized to pick up your child that they will be required to provide valid photo identification before signing your child out.

### EMERGENCY CONTACT INFORMATION AND AUTHORIZED PICK-UP

*(Children will not be released to any person not listed below)*

Name	Relationship	Home Number	Cell Number	Work Number

### MEDICAL AUTHORIZATION AND CONSENT

I attest the participant is physically able to participate in all activities planned and hosted by the Town of Cutler Bay and that the participant's physical condition has been verified by a licensed medical doctor, and I consent to any needed medical treatment for the participant in the event of an emergency.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SWIMMING PERMISSION FORM

Child's Name \_\_\_\_\_ Birth date: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
*Parent/Guardian's Name* *Child's Name*

grant permission for my child to swim at Cutler Ridge Park Pool (10100 SW 200 St Cutler Bay, FL) on the following date(s) June 10, 2024 - August 2, 2024. I understand that certified lifeguards will always be on duty. The program will maintain a minimum staff/child ratio of 1/12 during swimming activities. The program will not be providing additional adults beyond the required staff/child ratio.

**PLEASE CHECK ALL APPLICABLE INFORMATION BELOW**

My child:

- |  |                               |                              |
|--|-------------------------------|------------------------------|
| Is a non-swimmer                                   | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Is a swimmer— <u>cannot</u> swim                   | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Is a swimmer-- <u>can</u> swim in the deep end     | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Has successfully completed formal swimming lessons | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Do you want your child to receive swimming lessons | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

I agree to hold harmless the Town of Cutler Bay, its agents and employees for all incidents alleging bodily injury or property damage or loss occurring while the person herein described is a participant in a Town sponsored activity on or off Town premises. I will not hold harmless the Town of Cutler Bay from any liability arising out of negligence of the Town.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_  
hereby authorize and give consent to service providers and the staff of The Town of Cutler Bay as follows:

I hereby:

consent and authorize                      or                       do not consent and authorize.

the staff of The Town of Cutler Bay to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Any such recordings may reveal your identity through the image itself without any compensation to you, your children, or wards.

All recordings taken of you, your children or wards shall be the sole property of the Town of Cutler Bay.

Regarding the use of any recordings taken of you or your children, you hereby waive all present and future claims you may have against the Town of Cutler Bay, their staff, service providers, employees, agents, affiliates, and Council members.

**PERMISSION TO TRANSPORT**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ grant permission for my child to be transported in a motor vehicle hired by Town of Cutler Bay, approved bus service, or a program van driven by a Town of Cutler Bay employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and /or other adult staff members or volunteers. I agree on behalf of myself, child named herein, and our heirs, successors and assigns to hold harmless and defend Town of Cutler Bay, agents, and any funding agencies, from all actions, claims, demands, damages, costs, expenses, an all-consequential damage arising from or in connection with my child being transported by Town of Cutler Bay employees or an approved bus service.

***I have read this entire waiver and permission form, and fully understand it, and agree to be legally bound by its terms.***

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SUMMER CAMP FIELD TRIPS**

Date	Event/Venue	Address
June 14, 2024	SKY Zone	10200 SW 186 <sup>th</sup> Street Cutler Bay, FL. 33157
June 21, 2024	Parrot Jungle	1111 Parrot Jungle Trail Miami, FL. 33132
June 28, 2024	Dave & Busters	11481 NW 12 <sup>th</sup> Street Miami, FL. 33172
July 5, 2024	Movie – Despicable Me 4	AMC Sunset Place 5701 Sunset Drive, South Miami, FL 33143
July 12, 2024	Bowlero – Bowling	11401 NW 12 <sup>th</sup> Street Miami, FL. 33172
July 19, 2024	Miccosukee Tribe	500 SW 177 <sup>th</sup> Ave Miami, FL. 33194
July 26, 2024	The Berry Farm	13720 SW 216 Street Miami, FL. 33170
August 2, 2024	Game Time	5701 Sunset Drive South Miami

**PROGRAM DATES AND FEES**

Session 1	Session 2	Session 3	Session 4
June 10 – June 21	June 24 – July 5	July 8– July 19	July 22 – August 2
Fee per session per child <b>\$200.00</b> (Includes field trips)	Fee per session per child <b>\$200.00</b> (Includes field trips)	Fee per session per child <b>\$200.00</b> (Includes field trips)	Fee per session per child <b>\$200.00</b> (Includes field trips)
Fee per session 2 <sup>nd</sup> child <b>\$180.00</b> (Includes field trips)	Fee per session 2 <sup>nd</sup> child <b>\$180.00</b> (Includes field trips)	Fee per session 2 <sup>nd</sup> child <b>\$180.00</b> (Includes field trips)	Fee per session 2 <sup>nd</sup> child <b>\$180.00</b> (Includes field trips)
Will attend Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Will attend Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Will attend Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Will attend Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Shirt size: YOUTH S  M  L  ADULT S  M  L  XL  XXL

**Payment Policy (Must be signed by parent or guardian):** I agree to pay camp fees in full the day my child is registered. If there is still space available after **May 17, 2024**, then I will pay for any available space. I understand that my child will not be able to attend camp unless payment is made in full. I understand that camp fees are **NOT** refundable for missed days or absence.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**PAYMENT INFORMATION**

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

Payment Method: Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Money Order \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_