

City of Hollywood
Department of Parks, Recreation & Cultural Arts
REGISTRATION FORM

PLEASE PRINT CLEARLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Beverly Park | <input type="checkbox"/> Martin Luther King Jr. | <input checked="" type="checkbox"/> South Broward High School |
| <input type="checkbox"/> David Park | <input type="checkbox"/> McNicol Recreation | |
| <input type="checkbox"/> Driftwood Center | <input type="checkbox"/> Montella Park | |
| <input type="checkbox"/> Jefferson Park | <input type="checkbox"/> Washington Park | |

Activity: **Multi-Sports Camp 2010**

Child's Information:

Name (Last) _____ (First) _____

Address _____

Home Phone () _____

Age _____ Birth Date _____ / _____ / _____ Male Female

Parent's Information:

Mother's Name _____ Work Phone () _____

E-Mail _____ Cell Phone () _____

Father's Name _____ Work Phone () _____

E-Mail _____ Cell Phone () _____

Emergency Contact Name _____ Relation to child _____

Emergency Contact Phone _____

Doctor's Name _____ Phone _____

Allergies _____ Medicine _____

Has the child participated in City of Hollywood programs before? Yes No

Does child reside within the current Hollywood City limits? Yes No

Signature of Parent/Guardian

Date signed

Official Use only

Medical authorization form complete or on file? Yes No

Child Pick-up authorization complete or on file? Yes No

Resident: _____ Non-resident _____

Session(s) Registered: I II III IV V VI

Date Paid: _____

Receipt Number: _____

City of Hollywood
Department of Parks, Recreation & Cultural Arts
CHILD PICK-UP AUTHORIZATION FORM

Please check one:

- | | | |
|---|---|--|
| <input type="checkbox"/> Beverly Park | <input type="checkbox"/> Martin Luther King Jr. | <input checked="" type="checkbox"/> South Broward High School |
| <input type="checkbox"/> David Park | <input type="checkbox"/> McNicol Recreation | |
| <input type="checkbox"/> Driftwood Center | <input type="checkbox"/> Montella Park | |
| <input type="checkbox"/> Jefferson Park | <input type="checkbox"/> Washington Park | |

Please Print:

I _____ as parent/guardian of _____, hereby authorize the following persons to pick-up my child from the above referenced Center at any given date. I hereby agree to inform the following persons that proper identification will be required in order to pick-up my child/ward.

Please Print:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons permitted to pick-up child include:

Mother Yes No Mother's Name _____

Father Yes No Father's Name _____

Persons NOT permitted to pick-up child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby agree that if the above authorization for pickup of my child/ward changes, I shall immediately contact the Center and submit a revised authorization.

Signature of Parent/Guardian

Parent's Phone Number: () _____

Date signed: _____

City of Hollywood
Department of Parks, Recreation & Cultural Arts
DAY/CAMP/AFTER SCHOOL/RECREATION PROGRAM AGREEMENT

Please check one:

- | | | |
|---|---|--|
| <input type="checkbox"/> Beverly Park | <input type="checkbox"/> Martin Luther King Jr. | <input checked="" type="checkbox"/> South Broward High School |
| <input type="checkbox"/> David Park | <input type="checkbox"/> McNicol Recreation | |
| <input type="checkbox"/> Driftwood Center | <input type="checkbox"/> Montella Park | |
| <input type="checkbox"/> Jefferson Park | <input type="checkbox"/> Washington Park | |

I, _____ as parent/guardian of _____ my Son/daughter, understand that this Agreement for Day Camp/After School/Recreation services through the City of Hollywood's Department of Parks, Recreation and Cultural Arts, is conditioned on the compliance of me and my child with the policies and guidelines of the program. My signature on this document indicates the following:

-I am enrolling my son/daughter in the above referenced center's Day Camp, or After School and/or Recreation Program.

-I agree to provide the above referenced Center, in writing, all of the necessary information and authorization for special activities I approve for my child.

-I agree to inform a representative of the above referenced center of any special needs my child may develop and submit all medical forms as necessary.

-I agree to submit to the above referenced center a fully executed registration form which is attached hereto and incorporated herein.

-I have read and agree to comply with the Program policies, guidelines and procedures and I understand the responsibilities for parents/guardians and providers below.

PARENT/GUARDIAN RESPONSIBILITIES

1. To provide transportation to and from the Center.
2. To notify the camp when my child is not going to attend the camp or is going to be late
3. To check-in and check-out my child daily with a camp staff person.
4. To come to the camp immediately when notified of my child's illness.
5. To notify the camp of any change in my phone number(s), address or people authorized to pick up my child and those individuals not authorized to pick up my child.
6. To pick my child up by the designated closing time of the program.
7. To pay for acts of vandalism or deliberate destruction of City property committed by my child.
8. To provide admission and busing fees for my child to participate in special trips or events.
9. To pay the camp fee prior to participating. Failure to pay the appropriate fees my result in your child's removal from the designated camp program.

**City of Hollywood
Department of Parks, Recreation & Cultural Arts
CAMP RESPONSIBILITIES**

1. To operate weekly sessions of a Multi-Sports Camp beginning the weeks of July 5, July 12, July 19, July 26, August 2, and August 9 (6 weekly sessions). Camp hours are from 9:00 a.m. to 3:00 p.m., Monday thru Friday.

RELEASE OF LIABILITY

I, _____ as parent/guardian of _____, do hereby release the City of Hollywood, Florida, and its officers, agents, and employees from and against any and all claims or demands of any kind or nature that may accrue in my favor on account of my, or my child/ward's participation in, or being a spectator of, any class, activity or event sponsored by the City during the Summer Camp, After School and/or Recreation Program. Furthermore, I agree to hold harmless the City, its officers, agents and employees from and against any and all claims or demands of any kind or nature incurred or arising out of my, or my child/ward's participation in, or being a spectator of any class, activity or event sponsored by the City during the Summer Camp, After School and/or Recreation Program. The provisions of this Release and Hold Harmless shall apply whether or not the claim or demand results, in whole or in part, from any negligent or contributory negligent act or omission on the part of the City, its officer, agents or employees, or any combination thereof. Nothing in this agreement shall be construed to affect the City's rights, privileges and immunities under the doctrine of "sovereign immunity" and as set forth in Section 768.28, Florida Statutes. I agree that the City has the right to remove any participant or spectator when, in the opinion of City Staff, removal is in the best interest of the Camp, After School and/or Recreation Program. I also agree that if my child/ward is removed, there will be no refund of any fee paid for the Camp/After School and/or Recreation Program, activity, or event. I also give permission for my child/ward to go on all field trips, sporting events, and any other off property activities associated with this Program.

Signature of Parent/Guardian

Date signed

PHOTO RELEASE

I hereby grant authorization to the City of Hollywood, Florida, to use photographs of myself, son/daughter or ward for publicity purposes.

Signature of Parent/Guardian

Date signed

City of Hollywood
Department of Parks, Recreation & Cultural Arts
MEDICATION AUTHORIZATION FORM

Please check one:

- | | | |
|---|---|--|
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| <input type="checkbox"/> Jefferson Park | <input type="checkbox"/> Washington Park | |

I, _____ as parent/guardian of _____ do hereby authorize a representative of the Department of Parks, Recreation and Cultural Arts to administer the following medication to my son/daughter as indicated. I hereby release the City of Hollywood, Florida, its officers, agents and employees from any liability that may arise due to administering this medication regardless of any negligence upon the part of the City, its officers, agents or employees. I understand that no medication shall be given to my son/daughter without this authorization form and **it is the responsibility of my son/daughter to come to the office to receive medication at the specified times.**

Please Print the following:

Child's Name: _____

Parent's Phone Number: Home: () _____
Work: () _____
Cell: () _____

Name of Medication : _____

Amount of Medication to be given: _____

Time(s) Medication to be given: _____

Date(s) Medication to be given: _____

I understand that the camp staff will not administer any drugs or medication to my child(ren) unless I submit a medical authorization form instructing them to do so.

Signature of Parent/Guardian

Date signed

EMERGENCY MEDICAL AUTHORIZATION

It is understood that this agreement covers only those situations, which are true emergencies, and only when I cannot be reached. Otherwise, I expect to be notified immediately. I authorize a representative of the City of Hollywood to obtain immediate medical care and I consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child _____ if an emergency occurs when I cannot be located immediately. I understand that I am responsible for payment of medical expenses.

Name of Medical Insurance: _____ Name of Insurance.: _____

Policy No. _____ Child's Physician/Clinic _____

Address _____ Phone Number: () _____

Signature of Parent/Guardian

Date signed