



CITY OF
MARATHON, FLORIDA
Parks & Recreation Department

200 36th Street, Marathon, FL 33050
Phone (305) 743-6598 Fax (305) 289-5888

Camp Registration Form –Spring Camp 2019
(Must be Submitted with Health Form)

Participant's Name: _____

Birth Date: ____/____/____ Age: _____ Gender: M F Shirt Size: _____

Check if registering for the whole week or individual days Week 1 March 18-22 (Monday-Friday) \$80/week
 Other (list day(s) _____) \$20/day

Parent/Guardian 1

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian 2

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Authorization and Pick Up Drop off Contacts

The following persons are to be contacted in the event of an emergency and if the parent or guardian cannot be reached during camp. In addition, the following people, only, are authorized to pick up the participant listed below. **Proper identification is required at time of pick up.**

Contact 1

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Allowed to Pick up? Yes No Driver's License #: _____

Contact 2

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Allowed to Pick up? Yes No Driver's License #: _____



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Contact 3

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Allowed to Pick up? Yes No Driver's License #: _____

RELEASE AND WAIVER

I, the undersigned parent or legal guardian of _____, whose consent
(print participant's name)

and agree that the above named minor may participate in the above-described activity .The undersigned further agrees that the City of Marathon [the "City"] and its office, agents and employees will not be held liable for injuries or other loss sustained by the minor which occur as a result of the above-named minor's participation in the above-described activity.

Therefore, the undersigned parent/guardian, specifically WAIVE ANY CLAIM against the City and its offices, agents and employees for any loss, injury or damage sustained by the above named minor that arises out of participation in the above described activity. Further, the undersigned parent/guardian agrees to RELEASE and hold harmless the City and its offices, agents and employees from any and all claim, actions, demands, rights, judgments and expenses arising from or by reason of any and all known damage, claims or actions arising from the above-named minor's participation in the above-described activity.

This WAIVER and RELEASE shall continue notwithstanding any negligence or comparative negligence on the part of the City relating to such loss, injury or damage.

I, the undersigned parent/guardian, hereby give permission for the City and its offices, agents and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury. Although I understand that the City and its offices, agents and employees assume no responsibility by doing so, I undersigned parent/guardian, also agree that this Waiver and Release form shall be binding on my heirs, successors and assign.

By signing below, the undersigned parent/guardian acknowledges that [he/she] has fully read, understood and agrees to each and every term contained in this Waiver and Release.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date



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Health Information Form 2019 Spring Camp

Please fill out clearly and return with registration. Bring to the park office, fax to (305)289-5888, or email park@ci.marathon.fl.us

Participant's Name _____

Birth Date ____ / ____ / ____ Age _____ Sex M F

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

PHYSICAL CONDITION: Please note any conditions, which affect your child and symptoms to help us identify possible problems. Also please list any past (or current) medical problems that your child has had (or has) that we should be aware of?

ALLERGIES

Food Allergies: _____

Symptoms: _____

Action to be taken by staff in event of onset: _____

Drug Allergies: _____

Symptoms: _____

Action to be taken by staff in event of onset: _____

Insect, Environmental or Other Allergies: _____

Symptoms: _____

Action to be taken by staff in event of onset: _____

PLEASE CHECK ALL THAT APPLY (if yes and there are multiple choices, please circle the appropriate one):

- Yes No Does your child have Asthma?
- Yes No Does your child have Diabetes?
- Yes No Is your child sun sensitive?
- Yes No Is your child ADD, ADHD or LD?
- Yes No Does your child have Seizures, Fits or Shaking Spells?
- Yes No Does your child have Speech, Hearing or Sight Limitation, tubes in ears?
- Yes No Does your child suffer from headaches or stomachaches?
- Yes No Does your child attend a special needs class in school?
- Yes No Does your child know how to swim?

Parent/Guardian's Signature

Date