



CITY OF
MARATHON, FLORIDA
Parks & Recreation Department

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

Camp Registration Form –Summer 2018
(Must be Submitted with Health Form)

June 4-August 10* ages 5-13 *\$80 per week *Fax to Park Office at 305-289-5888
(for multiple campers in the same family, a \$20 weekly discount applies to each additional camper)

Name _____

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

Street Address _____

City _____ State _____ Zip _____

Email _____ Shirt Size _____

Day Time Phone _____

Cell Phone _____

Check Weeks Registering	<input type="checkbox"/> 1 (6/4-6/8)	<input type="checkbox"/> 2 (6/11-6/15)	<input type="checkbox"/> 3 (6/18-6/22)	<input type="checkbox"/> 4 (6/25-6/29)	<input type="checkbox"/> 5 (7/2-7/6)
	<input type="checkbox"/> 6 (7/9-7/13)	<input type="checkbox"/> 7 (7/16-7/20)	<input type="checkbox"/> 8 (7/23-7/27)	<input type="checkbox"/> 9 (7/30-8/3)	<input type="checkbox"/> 10 (8/6-8/10)

PARENT/GUARDIAN NAME INFORMATION

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT

Contact Name _____ Phone _____

RELEASE AND WAIVER

I, the undersigned parent or legal guardian of the minor, whose name appears above, consent 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

Payment Received By _____

Check # _____

Cash _____



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Health Information Form 2018

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

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?

Parent/Guardian's Signature

Date