



CITY OF  
**MARATHON**, FLORIDA  
Parks & Recreation Department

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

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

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Age Group:  5-10  11-13 Gender:  M  F

Check Days Registering:  1 (11/25)  2 (11/26)  3 (11/27)

**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 #: \_\_\_\_\_



CITY OF  
**MARATHON**, FLORIDA  
Parks & Recreation Department

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

**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