

CITY OF TREASURE ISLAND
CHILDREN'S PROGRAMS
WINTER CAMP REGISTRATION FORM
December 19-30, 2011

PLEASE PRINT

Child's Name: _____
(last) (first) (middle)

Gender: _____ Date of Birth: _____ Age: _____

Home Address: _____ City: _____

Zip Code: _____ Telephone #: _____

Legal Guardian's Name (if different from parents): _____

Address: _____ Telephone #: _____

Mother's Name: _____ Telephone # (hm) _____ (wk) _____

Father's Name: _____ Telephone # (hm) _____ (wk) _____

Child's Physician: _____ Telephone #: _____

Child's Dentist: _____ Telephone #: _____

Person(s) to be notified in case of an emergency when a parent or guardian cannot be reached:

Name: _____ Telephone # (hm) _____ (wk) _____

Name: _____ Telephone # (hm) _____ (wk) _____

Person(s) permitted to remove child from the program other than the parent or guardian:

Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____

(PLEASE NOTE: A recorded copy of a court order is required in order to prohibit or prevent any parent from removing a child from the program).

Medical Problems (PLEASE be very specific in description in order for staff to best understand condition): _____

Special needs or additional information: _____

Please list any activity or activities that your child **may not** participate in: _____

The undersigned parent/guardian of _____, a minor, hereby consents to said minor's use of the recreational facilities provided by the City of Treasure Island. PLEASE note any facility or activity not to be used or performed by minor. I/We hereby forever release and discharge the City of Treasure Island, its officials, agents, servants, employees and/or any other person, firm or corporation charged or chargeable with responsibility or liability, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of negligence, and particularly on account of personal injury, disability, property damage, loss or damages of any kind which may be sustained by the said minor or by the undersigned, while said minor is in on the premises where such recreation facilities exist, or in using recreational equipment owned by the said City, or while said child is not on the premises where such recreational facilities exist.

X _____
(Parent/Guardian's Signature)

X _____
(Date)

Please Note: Non custodial guardian's ie: grandparents, aunts/uncles must have Power of Attorney in order to sign any program document or forms. A copy of the court document is required at the time of registration.

Payment is due, IN FULL, at time of registration
Please indicate days(s) that child will be enrolled in program

___Monday, 12/19 ___Tuesday, 12/20 ___Wednesday, 12/21 ___Thursday, 12/22

___Friday, 12/23 ___Tuesday, 12/27 ___Wednesday, 12/28 ___Thursday, 12/29

___Friday, 12/30 **NO CAMP on Monday, December 26, 2011**

Office Use Only: Date of enrollment: _____ Amount paid: _____

How paid (cash) _____ (check #) _____