CAMP REGISTRATION / RECEIPT 2014- PLEASE PRINT

WILTON MANORS LEISURE SERVICES DEPARTMENT

NAME _____
(First) (Last) (Wants to be called)

SCHOOL ATTENDING NEXT YEAR _____ PASSWORD _____

ADDRESS _____ CITY _____ ZIP _____

E-Mail address: _____

ALLERGIES OR SPECIAL NEEDS/CONCERNS: _____

HOME PHONE _____ AGE _____ DATE OF BIRTH _____ GRADE IN AUGUST_____

PARENT_____ DAY PHONE _____

PARENT_____ DAY PHONE _____

OTHER EMERGENCY NAME _____ PHONE NUMBER _____

PERSON RESPONSIBLE FOR PAYING FEES _____ PHONE _____

WHO MAY PICK UP YOUR CHILD BESIDES YOURSELF?

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

Media Release:

I understand that my child may appear or be photographed in the newspaper, on television, on city websites, publications, or other communication tools to promote The City of Wilton Manors.

Signature of Parent/Guardian _____**Date**_____

Late Fee Policy:

I understand that late fees will be charged if my child is not picked up on time and all fees must be paid in full before my child returns to the program. Also, I understand that all fees are due by Saturday of the previous week and are paid in advance of child receiving care. Failure to pay in advance will result in dismissal from the program.

Signature of Parent/Guardian _____**Date**_____

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Behavior Policy:

I understand that if my child disrupt the daily operation of the program or becomes a disciplinary problem, he/she will be asked to withdraw from the program without a refund.

Signature of Parent/Guardian _____**Date**_____

PERMISSION SLIP & RELEASE

Child's Name: _____

In consideration of the privilege of being allowed to take part in the City of Wilton Manors' "City's" Program, use the equipment and the facilities of the City, ride in the motor vehicles provided by the City and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and on behalf of my minor child named above do hereby agree to indemnify and hold harmless the City of Wilton Manors, its trustees, elected and appointed officials, agents, servants, volunteers and employees from and against all claims, demands, causes of action of whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but not limited to, attorneys' fees arising out of, occurring during or relating to the use of the equipment, facilities, motor vehicles of participation in City's Program. I further acknowledge and authorize the photograph and videotape and publication of such photographs and videotapes of my minor child to promote or publicize the City's Programs. I understand the physical requirements of participation in these activities and affirm that my child meets these requirements. I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the case of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to my child or damage to my property.

Signature of Parent or Guardian: _____ **Date:** _____

_____

(Print Name)

PROGRAM PLANS

(Please check the week(s) you are planning to attend.)

ISLAND CITY CAMP	ADVENTURE CAMP
_____ June 9-June 13	
_____ June 16 – June 20	
_____ June 23 – June 27	
_____ June 30- July 3 (Closed July 4th)	
_____ July 7- July 11	
_____ July 14-July 18	
_____ July 21-July 25	
	_____ July 28- August 1
	_____ August 4- August 8
	_____ August 11- August 15

You will receive a T-shirt when you register by May 9, 2014.
In order to easily keep track of our children on various trips, it is our policy for each child to wear a Camp T-SHIRT. If your child doesn't wear a Camp T-shirt the child will not be able to participate on trips. Shirts are on sale for $10.00 for youth sizes & $12.00 for adult sizes.

REGISTRATION FEE - ONE TIME NON-REFUNDABLE FEE:
Resident _____$10per child /$15per family
Non-Resident _____$10per child /$15per family
Adventure Camp Only Fee-If your child did not attend Island City Camp:
Resident _____$40
Non-Resident _____$40

ISLAND CITY CAMP PROGRAM
Discount Package -Entire 7-Week -1st Child $490.00_____2nd Child $420.00_____3rd Child $350.00_____
Resident _____$80.00 Per Week ($70.00 Second Child) ($60.00Third Child)
Non Res. _____ $80.00 Per Week ($70.00 Second Child) ($60.00Third Child)
Resident _____$30 Daily
Non Res._____$30 Daily

ADVENTURE CAMP PROGRAM – Includes Trips
Resident _____$115.00 Per Week ($88.00 Second Child) ($80.00 Third Child)
Non Res._____$145.00 Per Week ($120.00 Second Child) ($80.00 Third Child)
Resident _____$30 Daily
Non Res._____$35 Daily

SUMMER SCHOOL PROGRAM Week #1-Week #7 ONLY 2pm-6pm
Resident _____$35.00 Per Week ($32.00 Second Child) ($30.00Third Child)
Non Res. _____ $35.00 Per Week ($32.00 Second Child) ($30.00Third Child)

MAKE CHECKS PAYABLE TO: CITY OF WILTON MANORS
Comp T-Shirt if registered by May 9, 2014_____
Youth T-Shirts $10.00_____
Adult T-Shirts $12.00_____

T-SHIRT: YS YM YL
AS AM AL AXL

FOR OFFICE USE ONLY

REGISTRATION: _____
TRIPS: _____ (Attach trip form)
WRECK CAMP WEEKLY FEES: _____ (1 2 3 4 5 6 7)
EXTENDED CAMP WEEKLY FEES:_____ (8 9 10)
TOTAL FEES PAID: _____

Registration Payment -Check # _____ Staff _____
___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___6 ___ 7 ___ 8 ___ 9 ___ 10