

City of Plantation – Frank Veltri Tennis Center
Plantation Tennis Pro Shop Inc.

Camp Enrollment Form – Summer 2013



**Please complete this form leaving no spaces blank.
All information is required. Please write legibly.**

MILITARY CAMP PROGRAM

Camper #1

Last Name First Name

Date of Birth: _____

Age: _____ Sex: ___ M ___ F

PIN (Security Code): _____

Camper Will Attend Session:

___1 ___2 ___3 ___4 ___5

___ Full Day ___ Half Day

Does Camper Need Early / After Care?

___ Early Care(7:45-10) ___ After Care(3:30-5:30)

Camper #2

Last Name First Name

Date of Birth: _____

Age: _____ Sex: ___ M ___ F

PIN (Security Code): _____

Camper Will Attend Session:

___1 ___2 ___3 ___4 ___5

___ Full Day ___ Half Day

Does Camper Need Early / After Care?

___ Early Care(7:45-10) ___ After Care(3:30-5:30)

Authorized Release / Emergency Contacts *(Other than Parents/Guardians)*

List three (3) local contacts who are authorized to pick up and / or assume temporary care of your child(ren). Each person must provide PIN at time of release.

Name: _____ Cell Phone: _____ Alternate Phone: _____

1. _____

2. _____

3. _____

Camp Use Only

ATTACH DOCUMENTS TO THIS FORM

Acceptable Forms: 1: _____

2: _____

ST/Sig: _____

Date Approved: _____



Parent / Guardian Information

US MILITARY SERVICE MEMBER

Last Name First Name

Address

City State Zip

BRANCH OF SERVICE

()

Cell Phone

()

Alternate Phone (Office / Home)

Email Address

(Specify Relation)
OTHER PARENT _____

Last Name First Name

Address

City State Zip

Employer

()

Cell Phone

()

Alternate Phone (Office / Home)

Email Address

Custody

If parents are divorced or separated who has **primary** custody? _____

Who has custody while camper is attending camp? _____

Are there Court Documents filed regarding Custody/Release of Camper? ____ Yes ____ No

If yes; provide a copy to the Camp Office: Rec'd By: _____ Date: _____

Medical Information

If Camper(s) have any medical concerns (allergies/diabetes etc.) please list them below including their name. (EpiPen's require additional Authorization Form, please see camp office)

Plantation Tennis Pro Shop Inc. d/b/a Plantation Tennis Camp

Wavier, Release of all Claims, Financial Responsibility and Authorization

- As a Parent or Guardian, I agree that I will be responsible for any loss, damage or destruction by my camper to any property of the City of Plantation, / Plantation Community Tennis Corp., / Plantation Tennis Pro Shop Inc. or to any property for which the City of Plantation, / Plantation Community Tennis Corp., / Plantation Tennis Pro Shop Inc. is liable or chargeable. I hereby release and hold harmless the City of Plantation / Plantation Community Tennis Corp. / Plantation Tennis Pro Shop Inc. their officers, directors, employees, and contractors from any responsibility or liability for any lost, stolen, damaged personal property which my child(ren) brings to camp.
- Parent agrees to allow the City of Plantation, / Plantation Community Tennis Corp., / Plantation Tennis Pro Shop Inc. to use my/our camper's photograph, image, and likeness in camp publications, promotional materials, website, or other mediums, without compensation and without prior notice. I/we release and hold the camp harmless from any liability stemming from such use.
- I agree to pay **Plantation Tennis Pro Shop** in full (at the published rate and on date due) for all services provided.
- The City of Plantation, / Plantation Community Tennis Corp., / Plantation Tennis Pro Shop Inc. may unilaterally dismiss a Camper should it determine that the conduct of the Camper, parent/guardian, or other family member is not in the best interest of The Camp or have violated the Camp Procedures. No Refunds will be issued in the event of such dismissal.
- As a parent / guardian of a participant in the program, I recognize and acknowledge that there are certain risks or physical injury and I agree to assume the full risk of any injuries, damages or loss which my minor child / ward or I, may sustain as a result of participation in any and all activities connected with such program. I agree to waive and relinquish all claims my minor child / ward or I may have as a result of participating in the program the City of Plantation, / Plantation Community Tennis Corp., / Plantation Tennis Pro Shop Inc. and its officers, agents, and employees. I hereby fully release and discharge the City of Plantation / Plantation Community Tennis Corp., / Plantation Pro Shop Inc. and its officers, agents, and employees from any and all claims resulting from injures, damages and losses sustained by my minor child or me arising out of, connected with, or in any way associated with negligent acts or omissions of me or my minor child.
- If I cannot be reached, I hereby give permission for emergency medical treatment, emergency transportation, hospitalization, anesthesia x-rays or necessary injections for my child(ren), and will be responsible for the bills of same. This authorization does not include major surgery, unless life-threatening, and only then when the medical opinions of two (2) licensed physicians or dentists concur in that treatment.
- I/We understand that the City of Plantation, / Plantation Community Tennis Corp., / Plantation Tennis Pro Shop Inc. will operate our camp unless a Hurricane Warning is issued for our area. If it is raining you have the choice not to bring your child(ren) and you will receive a rain day for a future camp or clinic.

Any campers left at the facility after 3:45 PM will be charged for After Care at the Daily Rate and campers left in After Care will be charged \$15 for every 15 minutes after 5:30PM.

Parent MUST sign below to indicate that you have read the above Statements and agree to abide with the terms stated.

Camper(s) Name: #1: _____ #2: _____

Parent / Guardian Name: _____

(Printed)

Parent / Guardian Signature: _____

Date: _____