City of Miramar
Parks and Recreation Department
Activity Registration Form

Password/Secret Code

Circle Camp Location: Sunset Vizcaya (Specialty) YEC Ansin Aquatics

Participant Name: ___________________________ Birth Date: ________________

Address: ___________________________ City: _______________ Zip: __________

Mothers Name: _________________________________________________________

Home # _______________ Work # _______________ Cell # __________________

Fathers Name: _________________________________________________________

Home # _______________ Work # _______________ Cell # __________________

Emergency Contact: A person other than the parent/guardian that can be contacted in case of an emergency. The emergency contact person has permission to remove the participant from the program.

Name: ___________________________ Phone #1 ______________________________

Relationship: ____________________ Phone #2 ______________________________

Other persons permitted to remove participant from program:

Name: ___________________________ Phone # ______________________________

Medical Information:

Family Doctor’s Name: __________ Phone # ______________________________

Insurance Co. ________________ Policy # ________________________________

Is your child currently on any medication? ______ If yes please explain: ________

Physical Limitations: ______________________________________________________

Allergies: ______________________________________________________________

Parent/Guardian Signature: ___________________________ Date: ______________

Parent/Guardian Print Name: ______________________________________________

Parent/Guardian Signature: ___________________________ Date: ______________

Parent/Guardian Print Name: ______________________________________________
CITY OF MIRAMAR  
Parks and Recreation Department  
Authorization of Dismissal 

I, ______________________, THE PARENT/GUARDIAN OF ________________________ (CHILD'S NAME) PROVIDE MY INFORMED CONSENT FOR MY CHILD TO BE PICKED UP FROM THIS PROGRAM BY 

(NAME OF PERSON PICKING UP CHILD) (RELATION TO CHILD) 

(NAME OF PERSON PICKING UP CHILD) (RELATION TO CHILD) 

(NAME OF PERSON PICKING UP CHILD) (RELATION TO CHILD) 

(NAME OF PERSON PICKING UP CHILD) (RELATION TO CHILD) 

______ MY CHILD IS PERMITTED TO SIGN HIMSELF/HERSELF OUT AND BE DISMISSED FROM CAMP/PROGRAM at _______________ (time camper is allowed to be dismissed) 

CHILD WILL (please check one) _____ WALK HOME _____ RIDE BICYCLE HOME 

ALTERNATE DISMISSEL PROCEDURES FOR MY CHILD DUE TO INCLEMENT WEATHER: 

______________________________________________________________________ 

ACCORDINGLY, I AGREE TO FULLY, UNCONDITIONALLY AND COMPLETELY RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF MIRAMAR, IT'S CITY COMMISSION, AGENTS, SERVANTS, AND EMPLOYEES AGAINST ANY AND ALL CLAMS AND DEMANDS OR ACTIONS WHICH MAY HEREAFTER AT ANY TIME BE MADE OR INSTITUTED AGAINST THE CITY OF MIRAMAR, ARISING OUT OF THE FACT THAT THE CHILD HAS BEEN PICKED UP BY THE PERSON DESCRIBED ON THIS FORM OR WALKED/RIDE HOME WITH MY CONSENT, AS DESCRIBED HEREIN. 

DATE___________ PARENT/GUARDIAN SIGNATURE: ________________________ 

DATE _________ SITE SUPERVISOR SIGNATURE: ________

__________________
CITY OF MIRAMAR
SUMMER CAMP 2018 FEES

Sports Camp
- Residents - $115.00 per week (swim and field trips included)
- Non-Residents - $135.00 per week (swim and field trips included)

Specialty Camp - contact location for prices (Vizcaya Park)

Swim Camp - $115.00 per week (field trips included)

Registration: $25 per camper (non-refundable & includes one (1) camper t-shirt)
(Non-Residents add an additional 20% to all fees listed)

Financial Agreement

Parent/Guardian: Please be sure to remember summer vacations, summer school, etc for your child/children as deposits, registration fees, and payments are non-refundable & non-transferable.

1. Registration Fee includes one (1) Camp T-Shirt. Additional t-shirts may be purchased at a cost of $10.00 each
2. Payments made after the due date MUST be paid by credit card or money order only.
3. Participants must pay in full for weeks as spaces will not be reserved or guaranteed for any unpaid weeks.
4. Registration fee and any payments made towards the camp program/weeks will be non-refundable & non-transferable.
5. Registration is subject to space availability.
6. Acceptable payment methods are check, money order, Visa or MasterCard. No cash payments.
7. A fee will be assessed by our finance department for any returned checks. A money order for the exact amount of the original check, plus the check fee is due within 3 days of notice in order for your child to continue attending the camp program.

DATE___________ PARENT/GUARDIAN SIGNATURE: _________________________
CITY OF MIRAMAR
Parks and Recreation Department
Health/Sickness Policy

The City of Miramar adheres to the Broward County Child Care Ordinance 2004-2. We ask for your cooperation with the following issues that will ensure your child’s well being and the Camp’s overall health.

- Please do not send your child to school if he/she displays any of the following symptoms:
  * Diarrhea
  * Pink eye
  * Skin rash
  * Fever
  * Head or chest congestion
  * Vomiting

- It is not acceptable to send any child to school/camp while taking fever reducing medication
- Notify the office when your child is ill or has been ill in the last 24 hours
- Notify the office if your child is on any medications

With the health and safety of all the children in our care, the Administrative Staff of the Camp Site reserves the right to refuse admittance of a child who appears ill. We also reserve the right to request a child be picked up from the Camp Location if the child appears ill during the school/activity day.

In case of illness or emergency, a one-hour time period will be allotted for a parent/guardian to pick up the child at the Camp Site. In case you are unavailable, please have a plan of action in place which allows a person to pick up your child incase of illness or incident within one hour of the occurrence.

Please remember that the information on your child’s registration form is the only link between you and your child they are in our care. It is vital that this information is updated regularly and that emergency phone numbers are correct. Please do not hesitate to make changes when necessary.

Thank you for your cooperation,

___________________________  ______________________________ __________
Parent/Guardian Signature                 Parent/Guardian Print Name                Date
CITY OF MIRAMAR
Parks and Recreation Department
Rules of Conduct / Discipline Policy

Children of all ages in the city programs are disciplined in the same manner. The following policy will govern the types of discipline to be administered in the event a child becomes unruly or his/her actions interfere with the classroom or outdoor functions of the program.

1. A child may be disciplined by sitting out of the activity for a short period of time.

2. A child shall not be subjected to severe, humiliating or frightening disciplines.

3. Discipline shall not be associated with food, rest, or toileting.

4. A disciplines record shall be kept on file in the office for any major or constantly recurring problem.

5. If necessary, the problem shall be discussed with the parents.

6. Spanking or any form of physical punishment is prohibited.

7. If a child becomes a problem to the point of considering dismissing the child from the program, the following procedures shall be implemented:
   a. Meeting with the parent(s) and discuss the reason for considering dismissal
   b. Explore all avenues for positives corrective action
   c. Allow a probation period for corrective action
   d. Dismissal action should be taken only as a last result
   e. Parent(s) shall be given a written notification of the reason(s) for dismissal.

8. Weapons
   a. Under no time is it appropriate for any child to possess or bring any weapon of any kind into a program facility.
   b. Possession of a weapon shall be defined as knowingly, intentionally, deliberately, or inadvertently (without meaning to do it) bringing a weapon onto city property, program facilities, or any program sponsored activity.
   c. Parents are to be immediately notified and the child placed under constant supervision from the site supervisor or designee.
   d. Disciplinary action up to and including expulsion from any and all city run child care programs may be taken.

9. Policy and Procedures
   a. The City of Miramar reserves the right to dismiss and participant or family who does not comply with the policies and procedures.

Parent Signature: _________________________________ Date: ____________________
Site Supervisor: _________________________________ Date: ____________________
CITY OF MIRAMAR
Parks and Recreation Department
Authorization for Swimming Related Field Trips

I the undersigned, hereby grant my son/daughter ________________________, (child’s full name) permission to travel to and/or participate in aquatic swimming related activities in the City of Miramar Parks and Recreation programs.

Please check the appropriate box (ONE RESPONSE ONLY)

SWIMMER

_____ My child IS a swimmer and has my permission to participate in aquatic/swimming related activities in the large pool. Swimmers MUST pass a swim test in order to participate in the large pool area WITHOUT a floating device.  

NOTE (#1): If my child DOES NOT pass the swim test he/she will follow one of the below non-swimmer options based on his/her height.  

NOTE (#2): The aquatics personnel (life guards, etc) has the rights to deem any camper as a swimmer or non-swimmer.

NON-SWIMMER (4ft or taller)

_____ My child is NOT a swimmer, however he/she is 4ft or taller and has my permission to participate in aquatic/swimming related activities in the large pool area wearing an approved coast guard life jacket.

NON-SWIMMER (4ft or shorter)

_____ My child is NOT a swimmer, and he/she is 4ft or shorter and has my permission to participate in the wading pool only.

_____ My child CAN NOT participate in swimming related activities.

Note: All campers participating in water activities MUST have a complete change of clothes, bathing suit, towel, and water shoes in order to participate. Campers that are not permitted to participate in water activities will still attend the aquatic complex/activities; however, they will sit in a shaded area.

READ, UNDERSTOOD, & AGREED TO:

______________________________  __________________  Signature
Parent/Guardian                                       Date
CITY OF MIRAMAR
Parks and Recreation Department
Movie Authorization

I/We, the undersigned, hereby grant my son/daughter ______________________ (Child’s name)

Permission to view movies rated (check all that applies) with the City of Miramar summer camp program:

_____ G – General

_____ PG – Parental Guidance

__________________________________________  ____________________
Signature of Parent/Guardian                                      Date
I, the undersigned, have received the City of Miramar Summer Camp Program Brochure that includes:

- Introduction – Welcome & Philosophy
- Camp Hours & Camp Locations
- Financial Agreement & Fees
- Camp Information – Rules & Regulations
- Discipline Policy
- Field Trip Locations & Dates
- Swimming Location & Dates
- Health / Sickness Policy
- Important Camp Information

I, the undersigned, have read, understood and agree to all of the above rules, regulations and policies.

_______________________________   ____________________
Parent/Guardian Signature                      Date

_______________________________
Parent/Guardian Name (Print)
I/WE, the undersigned, hereby grant my son/daughter:

(Child’s full name)

Permission to travel on a Parks and Recreation sponsored trips to:

_____ Ansin Sports Complex 10801 Miramar Blvd, Miramar, FL 33025
_____ Vizcaya Park 14200 SW 55th Street, Miramar, FL 33027
_____ Youth Enrichment Center 7000 Miramar Parkway Miramar, FL 33023
_____ Sunset Lakes Community Center 2801 SW 186th Ave., Miramar, FL 33029
_____ Miramar Cultural Arts Park 2400 Civic Center Place Miramar, FL 33025
_____ Miramar Aquatics Facilities 6920 SW 35th St or 16801 Miramar Parkway
_____ Other (City Parks or Facilities)

Activities may include: Outdoor/Indoor recreational games/activities, playground areas, swimming activities, indoor/outdoor basketball courts, and facilities.

**Between the Camp Hours of:** 7:00am - 6:00pm

**Dates:** June 10, 2019 thru and including August 9, 2019

______________________________
Parent/Guardian Signature

______________________________
Print Name of Parent/Guardian
CITY OF MIRAMAR
RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (MINOR)

INSTRUCTIONS: Complete one for each minor participant.

DESCRIPTION OF ACTIVITY: SUMMER CAMP

DATE OF ACTIVITY: JUNE 10, 2019 THRU AUGUST 9, 2019

MINOR’S NAME _______________________________________TELEPHONE #_____________________

ADDRESS_____________________________________CITY____________________ZIP_____________

BIRTHDATE____________________________________

SCHOOL______________________________________________________________________________

PARENT/LEGAL GUARDIANS NAME_______________________________________________________

HOME PHONE #___________________________ WORK PHONE #_______________________________

EMERGENCY CONTACT________________________HOME#______________WORK #______________

PHYSICIAN’S NAME______________________________________PHONE NO._____________________

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 Miramar and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of such participation, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of participation in the above-described activity.

Further, the undersigned WAIVES ANY CLAIM against the City of Miramar and its officers, agents and employees arising from loss, injury or damage and does COVENANT NOT TO SUE the City of Miramar and its officers, agents and employees.

Further, the undersigned agrees to RELEASE, INDEMNIFY, AND HOLD HARMLESS the City of Miramar, and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Miramar relating to such loss, injury or damage.

I hereby give permission for the City of Miramar, and its officers, agents and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury to the minor, although I understand that the City of Miramar and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

_______________________            ______________________________        ________________________________
DATE               SIGNATURE OF PARENT/GUARDIAN        CITY, STATE, ZIP CODE

(_______) _______________________
TELEPHONE NUMBER

_______________________   _________________________________________
WITNESS SIGNATURE   PRINT NAME

_______________________  __________________________________________
WITNESS SIGNATURE   PRINT NAME
CITY OF MIRAMAR MEDIA RELEASE FORM FOR MODELS

http://www.miramarfl.org

I, the undersigned, do hereby give the City of Miramar, Florida ("City"), through its agents, licensees, legal representatives, successors and assignees, including any person acting under its permission and authority, the unqualified, irrevocable right, privilege and permission to use or reproduce my picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations for advertising, trade, or any other lawful purpose; including unrestricted use for purposes of publicity or promotion; to copyright or otherwise legally register the same in the name of the City or its agents, licensees, legal representatives, successors and assignees, if deemed desirable, in the sole discretion of the City; and to use my name, (or fictional name), likeness, biographic or other information concerning me in connection thereto. I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I hereby grant, assign and transfer to the City or its agents, licensees, legal representatives, successors and assignees all my rights and interests therein. I for myself, my heirs, successors, executors, administrators and assignees, hereby remise, release and discharge the City, its agents, licensees, legal representatives, successors and assignees for and from any and all claims of any kind whatsoever on account of use of such photographs of me, including but not limited to any and all claims for damages for libel, slander and invasion of the right to privacy.

I further acknowledge that I am not to receive any financial benefits from the use of my photo in connection hereto.

I have fully read, understood and agree to each and every term contained in this Release.

Check the applicable box:

___ I am eighteen (18) years or more of age, of sound mind and have read and understand this authorization and release.

___ The subject child is a minor and as the parent or legal guardian I consent to the authorization on behalf of the child.

___________________________________________________             _________________________________________________________
Date     Signature

___________________________________________________________________________________
Print Name

___________________________________________________________________________________
Address

___________________________________________________________________________________
Phone Number

___________________________________________________________________________________
Witness Signature / Print Name

___________________________________________________________________________________
Witness Signature / Print Name