



- Summer Spring
- Winter Other _____

Park Name _____

| | | | | |
|---|-----|-------------|---|-----------------|
| Participant's Last Name | | First Name | | Initial |
| Street Address | | City | State | Zip Code |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | D.O.B | Phone | Alternate Phone |
| Name of School Your Child Attends | | Grade Level | T-Shirt Size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | E-mail |

Has your child attended this camp before? Yes No If yes, when? _____

How did you hear about our Camp Program? _____

Are you a Deering Estate Foundation Member? Yes No

Does your child have any medical condition(s) we should be aware of? Yes No

Any additional information (i.e. medications, allergies, dietary needs):

Emergency Contacts/Authorization to pickup

| | | | |
|--------------------------------|------------|-----------------|--|
| Last Name (Parent or Guardian) | First Name | DL Number | <input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-up |
| Phone Number | Work Phone | Alternate Phone | |
| Last Name (Parent or Guardian) | First Name | DL Number | <input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-up |
| Phone Number | Work Phone | Alternate Phone | |
| Last Name (Parent or Guardian) | First Name | DL Number | <input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-up |
| Phone Number | Work Phone | Alternate Phone | |

We will not permit your child to leave with anyone who is not included on this list. If you would like to add a name, you must submit a note in advance.

I do hereby release the County from all liability for any accident or injury that might be sustained through this participant's participation in this activity. I understand that Miami-Dade is not responsible for money, personal items, etc., lost during the program and will discourage participants from bringing such items. I have read and reviewed the rules on the backside of this participant's form.

| | |
|-------|-------------------------------------|
| Date: | Parent or Legal Guardian signature: |
|-------|-------------------------------------|

* There is a fee of \$10.00/day for Late Pick-up after 6:00pm.

To request materials in accessible format, sign language interpreters, and/or any accommodation to participate in any Miami-Dade Parks-sponsored program or meeting, contact Mary Palacios 305-755-7848, Mary.Palacios@miamidade.gov at least seven days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).



PHOTO RELEASE FORM

Miami-Dade County Parks, Recreation & Open Spaces Department

I hereby give the Miami-Dade County Parks, Recreation & Open Spaces Department (MDPROS) permission to use, for promotional purposes, any picture, live television, video tape, digital or audio recording of me captured while participating in MDPROS programs or events and while utilizing MDPROS facilities.

I fully understand that my likeness may appear in booklets, brochures, print advertising, web sites, social media, and videos promoting MDPROS and Miami-Dade County.

I fully understand that I will not be compensated for the use of my image.

I hereby confirm that I am 18 years old or older:

Signature: _____ Date: _____

Print Name: _____
First Name Last Name

I understand and fully agree to the terms and conditions of this release:

Signature: _____ Date: _____

Print Name: _____
First Name Last Name

Address: _____ Phone: _____
Street

City State Zip

Signature of parent/guardian for minors:

Signature: _____ Date: _____

Print Name: _____
First Name Last Name

Relation: _____
(Specify if parent or specific type of relative or other.)

Address: _____ Phone: _____
Street

City State Zip