

Sugar Sand Park Community Center 2018 Summer Program Registration Form

One Form Per Child - Please print and fill out completely

Participant Information

TODAY'S DATE ___/___/___

Last Name		First Name	
Street Address			City, State, Zip
Date of Birth	Male____ Female____	Has participant attended a summer program here before? Yes___ No___	

Parent/Guardian Information (these are also authorized to pick up)

First Name	Last Name	Relationship	
First Name	Last Name	Relationship	
Home Phone	Cell Phone	Alternate Phone	Work Phone
Email Address		Alternate Email Address	

Emergency Contact Information

Please list an additional emergency contact not living in the household. This is in case of an emergency only. We will always contact the parent or guardian first.

First Name	Last name
First Name	Last name

Specify if your child has any allergies or special needs:

1
2
3

Authorized Drop Off/Pick Up Information (All participants MUST be signed in and out of the program daily)

Only those listed as parent/guardian and on the following lines will be authorized to escort children from the program. Authorized escorts will be asked to show identification (such as a valid driver's license) **every time** they escort a child from the program.

Name	Phone
Name	Phone
Name	Phone
Name	Phone
Name	Phone

PLEASE SIGN THE WAIVERS PRESENTED ON THE NEXT PAGE

Waiver for Minors (to be signed by an Adult)

As the parent or guardian of a minor child or as a participant in any City of Boca Raton/Greater Boca Raton Beach & Park District activity or as a user of any city of Boca Raton/Greater Boca Raton Beach & Park district facility, I hereby waive any claim against the City of Boca Raton/Greater Boca Raton Beach & Park District agents, servants and employees, hereafter arising from injuries to said child/adult, which said injury is caused in whole or in part by the negligence of said City of Boca Raton/Greater Boca Raton Beach & Park District or by the negligence of the agents, servants, or employees of the City of Boca Raton/Greater Boca Raton Beach & Park District, and I do covenant to indemnify, hold harmless and defend the said City of Boca Raton/Greater Boca Raton Beach & Park District, its agents, servants, and employees from any claim, damages, or demand hereafter the negligence of said City of Boca Raton/Greater Boca Raton Beach & Park District. I hereby give permission for the City of Boca Raton/Greater Boca Raton Beach & Park District to call my physician and/or to arrange for transportation to a hospital, in the event of an injury to said child/adult, although I understand that the City of Boca Raton/Greater Boca Raton Beach & Park District assumes no responsibility to do so. I HAVE READ AND FULLY UNDERSTAND THE ABOVE DISCLAIMER STATEMENT AND WAIVE AND RELEASE ALL CLAIMS.

Parent/Guardian or Participant Name (Print) _____

Signature: _____ **Date:** _____

MODEL/PICTURE RELEASE NOTE

At various times the City of Boca Raton videotapes and photographs events to be broadcast on the City of Boca Raton's website or Channel 20, the City of Boca Raton's access station. By entering yourself or your child in the above mentioned City of Boca Raton program, you hereby authorize the City of Boca Raton to reproduce, copy, exhibit, publish, broadcast, or distribute any and all such videotapes, audio tapes, or photographs.

Parent/Guardian or Participant Name (Print) _____

Signature: _____ **Date:** _____

My child is permitted to walk or bike home without an escort.

Authorized

Signature: _____