

Child's Physician: _____ Telephone: _____

Address: _____

Child's Dentist: _____ Telephone: _____

Address: _____

Allergies: _____

Medical: _____

Any behavioral or emotional needs or physical limitations that staff should be aware of? _____

Please indicate which, if any, sports or activities that your child is not permitted to participate in:

PLEASE INDICATE THE WEEKS THAT YOUR CHILD WILL BE ATTENDING CAMP:

__5/29-6/1 __6/4-8 __6/11-15 __6/18-22 __6/25-29
__7/2-6 (no camp 7/4) __7/9-13 __7/16-20 __7/23-27 __7/30-8/3
__8/6-10

The undersigned parent/legal guardian of _____, a minor, hereby consents to said minor's use of the recreational facilities provided by the City of Treasure Island. PLEASE note any facility or activity not to be used or performed by minor. I/We hereby forever release and discharge the City of Treasure Island, its officials, agents, servants, employees and/or any other person, firm or corporation charged or chargeable with responsibility or liability, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of negligence, and particularly on account of personal injury, disability, property damage, loss or damages of any kind which may be sustained by the said minor or by the undersigned, while said minor is on the premises where such recreation facilities exist, or in using recreational equipment owned by the said City, or while said child is not on the premises where such recreational facilities exist.

The City of Treasure Island complies with the ADA (Americans with Disabilities Act). We consider a child's disability as merely a characteristic of the child. We do not deny admission based upon disability as long as the child with disabilities can be integrated and his or her needs can be reasonably accommodated. We base our inclusion philosophy on the concept of the least restrictive environment.

I verify that all the information on this form is accurate and that I have read and understand the rules and regulations governing the City of Treasure Island Children's camps and programs.

x _____
(Parent/Guardian's signature)

x _____
(Date)

PLEASE NOTE: noncustodial guardians ie: grandparents, aunts/uncles must have Power of Attorney in order to sign any program document (registration form, permission slips, medical release form). A copy of the document is required at the time of registration.

OFFICE USE ONLY: Amount paid: _____ Date paid: _____ Check #: _____ Cash: ___ Credit: ___