

SUMMER CAMP 2018 FEES

- Sports Camp** \$105.00 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. Weeks can only be added if space is available.
5. Registration fee and any payments made towards the camp program/weeks are **non-refundable & non-transferable**.
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: _____

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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 center's over all 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 center reserves the right to refuse admittance of a child who appears ill. We also reserve the right to request a child to be picked from the center 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 your child at the center. 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 discipline 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 s 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 any participant or family who does not comply with the policies and procedures.

Parent Signature: _____ Date: _____

Site Supervisor: _____ Date: _____

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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:

Parent/Guardian Signature

Parent/Guardian Print Name

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

**City of Miramar
Parks and Recreation Department
Summer Camp Parent Packet/Brochure**

I/WE 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)

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CITY OF MIRAMAR
AUTHORIZATION FOR FIELD TRIP

I/WE, the undersigned, here by 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 11, 2018 thru and including August 10, 2018

Print Name of Parent/Guardian

**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 DISMISSAL 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: _____

Exhibit A
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 11, 2018 THRU AUGUST 10, 2018

MINOR'S NAME: _____ TELEPHONE # _____

ADDRESS _____ CITY _____ ZIP _____

BIRTH DATE _____ SCHOOL _____

PARENT/LEGAL GUARDIAN'S NAME _____

HOME TELEPHONE # _____ WORK TELEPHONE # _____

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 _____ PRINT NAME _____
ADDRESS _____
WITNESS _____ 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

Phone Number _____

Address

Witness Print Name

Address

Witness Print Name
