

2024-2025

Center		Registration Form
Child Information: Elementary 1 st – 5th	:	High: 9 th – 12th
Camper's Name (First and Last):		
Birth Date: Age	e: Grade:	Male Female
List any allergies:		
List any medications:	Dosage:	Time Taken:
Comments or restrictions:		
Allow to walk home? Yes No Wha	at time:	
Parent or Guardian Information:		
Parent or Guardian 1 (First and Last):		
Address:		City: Zip:
Email:	Phone	e #:
Relationship:		Approved to pick up: Yes or No
Parent or Guardian 2 (First and Last):		
Address:		City: Zip:
Email:	Phone	e #:
Relationship:		Approved to pick up: Yes or No
	Emergency Contacts	
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Waiver / Permission: By signing the below, I agree to the following		
none can be reached, and Emergency Care is r activated in case of an emergency outside the 2. I agree, by signing this form, that in the event	required, the Winter Park Fire Department/Re City Limits. Costs for services are the respons of injury, disability, or incurred disease of tem se and hold harmless, The City of Winter Park	gement Division will contact the persons you listed above. If escue services will be called. The 911 Emergency System will be sibility of the parents/guardians nporary or permanent nature while participating with the above and all persons or associations affiliated with this program,

I do consent to the above-named child, riding in the City of Winter Park vehicles and do release and hold harmless the City of Winter Park, Parks, and Recreation Department, and any Clubs, Organizations, and Associations from Liability and Damage because of any accident to the child while he/she is in

Date:

I hereby authorize the City of Winter Park to take photos and record videos for marketing items or promotions.

the process of being transported to or from any activity in or out of the City of Winter Park.

Parent Signature: