



REGISTRATION AND RELEASE FORM

CHILD'S INFORMATION

Name: _____
 Address: _____
 City: _____ Zip: _____
 Gender: ___ M ___ F DOB: ___/___/___
 Cell Phone #: _____
 E-Mail: _____

PARENT/GUARDIAN INFORMATION

Name: _____
 Cell Phone #: _____
 Email: _____
 Name: _____
 Cell Phone #: _____
 E-Mail: _____

MEDICAL INFORMATION

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation and/or performance: _____

Allergies: _____ Insurance Carrier: _____
 Medications (list all): _____ Policy #: _____
 Last 5 of parents social: _____
 Emergency Contact: _____ Emergency Contact #: _____
 Relation: _____

RELEASE FORM

In consideration for (athlete name) _____ I authorize Florida Triple Threat All-stars, LLC and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give Florida Triple Threat All-stars, LLC and its representatives to consent to administer the necessary emergency care to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Florida Triple Threat All-stars, LLC instruction, practices or performance. No prior determination of life-threatening emergency or danger of serious permanent injury resulting from treatment needs to be made under this authorization. I am fully aware that any activity involving motion, height, or athletic activities creates the possibility of serious injury, and I further agree to hold Florida Triple Threat All-stars, LLC and it's staff, officers, or representatives harmless for any injury or resulting expense(s). I release and discharge all rights and claims against Florida Triple Threat All-stars, LLC and it's parties. Florida Triple Threat All-stars, LLC strives to provide a maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury or illness that may occur. Florida Triple Threat All-stars, LLC highly recommends that all athletes have their own health insurance coverage to help cover the cost of any injury. I authorize Florida Triple Threat All-stars, LLC to use photographs, video and or other likenesses of my child for use in promotional materials or sales and waive any rights of compensation or ownership thereto.

Athlete Name (Print): _____ Athlete Signature: _____
 Parent/Guardian Name (Print): _____ Parent/Guardian Signature: _____
 Date: _____



Welcome to Florida Triple Threat Summer Camp 2021.

Here are a few rules and regulations to help make this summer more enjoyable for both you and your child.

HOURS AND DAYS OF OPERATION Camp will begin Monday, June 14th and will end Friday August 6th, (Excluding Week of 6/28,7/19). Hours of operation are from 8:00 am until 3:00 pm. Parents are required to pick up children by 3:00 p.m. We realize that emergencies do occur. It is your responsibility to call us as a courtesy and inform the administrative staff, but this does not absolve you from paying the late fee charges. Please make note of our telephone number: (954) 514-7250. We close at 3:00 p.m.; parents arriving after 3:00 p.m. will be penalized \$25 for every 15 minutes.

Parents who are late more than three (3) times in picking up their child will have their services terminated.

ARRIVAL AND DEPARTURE OF CHILDREN MUST be signed in and out of the Summer Camp Program by the parent or designee (as stated on the enrollment form) each morning and afternoon. The staff is responsible for documenting the authorized name(s) prior to accepting the child. Please remember to have your driver's license with you when you pick up your child, in the case we do not recognize the adult picking up. Anyone pickup the child must be at least 18 years of age. Keep your driver's license with you until our staff become familiar with you.

FEE POLICIES 1. Fees are due weekly and must be paid on the Friday prior to the following week. If you do not pay by the Friday before the week starts, your child's spot is not held. 2. The cost is \$225.00 per week, \$200 per sibling. There will be a onetime registration fee of \$25.00 For existing Florida Triple Threat members and \$50 for non-members. 3. Payments may be made by cash, check or credit card (through our online portal). No bills for tuition will be sent. Repeated failures to pay on time will result in termination from the Summer Camp program. There will be no refunds, credit or reduction of tuition for absences due to illness or closings due to inclement weather, since expenses for staff continue during the child's absences.

ELECTRONIC DEVICES Please know we are not responsible for electronic devices lost, damaged, or stolen items.

PARENT COMMUNICATION Parents will be contacted immediately under the following conditions: 1. A child has received an injury which could require medical attention. 2. A child exhibits a medical condition, which could be contagious or threatening to others in the program. 3. A child's inappropriate behavior presents a safety risk to other children or staff in the program.



Four (4) Digit Entry Passcode: _____

Child's Name: _____

Date of Enrollment: _____

Address: _____ City _____

Zip Code _____ Sex: M or F D.O.B. _____ (State) _____

Parent's Marital Status S M D or W

Person permitted to remove child: Registering Parent YES or NO Other Parent YES or NO
In case of an emergency or illness, other person to be notified and permitted to remove
child from the Center: (Must be 18 years of age and show picture I.D. to remove child from
the Center)

Name/ Relationship to child: Name: _____ Cell Phone _____

Name/ Relationship to child: Name: _____ Cell Phone _____

Name/ Relationship to child: Name: _____ Cell Phone _____



EMERGENCY INFORMATION

Child's Name: _____ D.O.B. _____

Name of Child's Physician: _____ Phone Number: _____

Physician's Address: _____

May the Center call another physician if unable to contact the above? YES or NO

Medical History: Measles: YES or NO Mumps: YES or NO Chicken Pox : YES or NO

Allergies: (food, medicine, etc.)

Any evidence of hearing difficulty? YES or NO If yes, Explain: _____

Any evidence of visual difficulty? YES or NO If yes, Explain: _____

Speech Disabilities? YES or NO If yes, Explain: _____

Hospitalizations? YES or NO If yes, Explain: _____

Operations? YES or NO If yes, Explain : _____

Other Illnesses? YES or NO If yes, Explain: _____

Does your child have any physical challenges or conditions which might affect his/her ability to participate in any activity at Florida Triple Threat? YES or NO If yes, Explain:

Briefly describe your child's likes, dislikes, favorite past times, friends, etc. In essence, please include anything that will help us to understand your child and help him/her grow.



MEDIA RELEASE

From time to time during the summer, we will photograph our camp, staff and campers to visually explain the many and varied types of programs and events which we offer. Those photographs or videotapes may be used in newspapers, on television or in other appropriate publications. Your signature below indicates your permission for your child to be photographed for such purposes. Please sign and return this form as soon as possible.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

MEDICAL RELEASE

Dear Parent, in order to comply with the Broward County Child Care Code, please provide us with the following information: The Center shall have written instructions from parent for the school to follow arranging for immediate treatment for your child in an emergency situation.

1. By my signature below, I give the City of Pembroke Pines Early Development Center Central Campus authorization to seek medical treatment for my child if I or any other persons whom I have listed to be notified in case of an emergency cannot be reached.
2. By my signature below, I give any health facility or physician permission to provide medical treatment for my child as deemed necessary in any situation which may arise at the preschool/camp.
3. By my signature below, I will take full responsibility for payment of all medical services which might be rendered due to any emergency that may arise at the preschool/camp.

Child's Name: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____