



City of Miami REGISTRATION Department of Human Services

Park Facility: _____ After School Camps Sports Aquatics Other:

PARTICIPANT INFORMATION	Name:				Gender:	Date of Birth:	Age:	Grade:
	Address:		City:	State:	Zip:	Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Non-Hispanic		
	Father's Name:			Home No.:	Work No.:	Cell No.:	Email:	
	Mother's Name:			Home No.:	Work No.:	Cell No.:	Email:	
	School Attended:							

EMERGENCY CONTACT	Name:		Relationship:	Authorized to Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:
	Name:		Relationship:	Authorized to Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:
	Name:		Relationship:	Authorized to Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:

MEDICAL INFORMATION	1. Is the Participant able to function in a group setting, that includes, sports, games, swimming and other recreational activities, without individual attention? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain. _____	
	2. Can the Participant perform the following activities without individual assistance: Eating <input type="checkbox"/> YES <input type="checkbox"/> NO Dressing <input type="checkbox"/> YES <input type="checkbox"/> NO Going to the bathroom <input type="checkbox"/> YES <input type="checkbox"/> NO	
	3. Check the Participant's swimming ability. <input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Good	
	4. Does the Participant understand and can the Participant comply with the rules and regulations applicable to all participants registered? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain. _____	
	5. Is the Participant able to participate in a staff to participant ratio of 1 to 10? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain. _____	
	6. Does the Participant have a disability that requires accommodations to participate in any of the activities listed in question 1 above? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate the accommodation(s) needed: _____ <i>(NOTE: Accommodation means assistance such as a sign language interpreter, providing materials in Braille or other format, etc.)</i>	
	7. Does the Participant have a medical condition that parks staff should be aware of (some examples include asthma, diabetes, epilepsy)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain. _____	
	8. Does the Participant have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list allergies: _____	

(BE ADVISED THAT PARKS STAFF DO NOT ADMINISTER MEDICATION.)

I understand that failure to disclose the minimum necessary information requested above may result in the Participant being denied. I also understand that I must notify parks' staff of any change in the Participant's medical/allergy information immediately.

Signature of Participant or Legal Guardian

Hospital Preference:	Insurance Carrier:	Policy No.:	Expiration Date:
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AUTHORIZATION, WAIVER, AND RELEASE	I, _____ hereby authorize the Participant to participate in any (Print Name of Participant or Legal Guardian)	
	programs sponsored by the City of Miami, Child Learning Center, and hereby agree to release, absolve, indemnify, hold harmless, and defend the City of Miami, its employees, officials, officers, agents, agencies, departments, participants, persons transporting the participants to and from activities, and any other individual, group, organization or corporation under contract with the City of Miami, for any claim arising out of an injury or death or damage to or destruction of or loss of any property as a result of his/her participation in any program or activity, including those injuries arising from negligence of the City of Miami, its employees and/or agents.	
	I grant my consent for the registered Participant to attend all field-trips and activities sponsored by the City of Miami.	_____ Participant/Guardian initials
	I grant the right for the Participant's image or likeness to be used for marketing purposes associated with the promotion, social media coverage, and news story coverage of City of Miami Child Learning Center related activities.	_____ Participant/Guardian initials
	OPTIONAL: Legal Guardian grants approval (consent) for the Participant to leave the park area at the end of the day without supervision.	_____ Participant/Guardian initials

The Participant and Participant's Legal Guardian, if applicable, hereby accepts, agrees to comply with, and acknowledges receipt of the "Rules and Regulations," "Notice of Multiple Languages Availability," and "Disruptive Behavior Policy" on the backside of this Registration.

Signature of Parent or Legal Guardian

Date

OFFICE USE ONLY	
Reviewed by: _____	_____ (Print name)
Initial: _____	Date: _____



City of Miami
RULES AND REGULATIONS
City of Miami Child Learning Center

1. All participants must be properly registered (completing the registration form in its entirety), with all fees current. There will be no refund of fees once a participant is enrolled.
2. All participants are required to adhere to the parks program schedule, provide all documentation that is requested by parks' staff, and follow all program guidelines.
3. Participant is to report to the park staff immediately upon arrival.
4. Upon departing for the day, all participants must report to the park staff and must sign out before departure.
5. All participants will be assigned to groups. Participants must stay with their group at all times.
6. Any participant may be expelled for disciplinary reasons without refund.
7. All information that is necessary to determine program eligibility must be provided at the time of registration. Noncompliance may result in immediate dismissal.
8. During program hours, the following are prohibited:
 - Leaving the park area (except for authorized field trips).
 - Radios, electronic devices, and personal valuables.
 - Bicycle riding in recreation area, including skateboards, scooters, etc.
 - Pets
 - Personal phone calls
 - Illegal drugs and drug paraphernalia.
 - Weapons of any kind

DISRUPTIVE BEHAVIOR POLICY

The City of Miami's Child Learning Center Department values the safety and wellbeing of our staff, registered participants and park visitors. In an effort to ensure quality programming, disruptive behaviors are unacceptable within any park setting and/or during any scheduled event the department may be conducting on or offsite. Any behavior that disrupts the scheduled program, becomes offensive or endangers the wellbeing of the individual, others, or property will not be tolerated. Each incident will be addressed according to the severity and is at the discretion of the City of Miami Child Learning Center Department staff.

The following behaviors will not be accepted:

1. Failure to follow rules and direction from parks' staff
2. Harassment
3. Rough physical contact including fighting
4. Disrespect to others including staff, other participants, or members of the community
5. Theft
6. Use of profanity
7. Improper / unauthorized use of electronic devices
8. Other / Behavior deemed by staff to be disruptive/offensive/inappropriate

Any of the behaviors below will result in immediate expulsion from the program.

1. Possession of weapons or any object (s) or substance that may be used to cause harm to others
2. Possession / use of illegal drugs, paraphernalia, alcohol
3. Deliberate destruction of property
4. Sexual misconduct

NOTICE OF MULTIPLE LANGUAGES AVAILABILITY

The "Rules and Regulations," the "Disruptive Behavior Policy," and the "Registration" have been translated from English into various languages and each version shall have the same force and effect and be binding on the Participant/Legal Guardian; however, if there is any conflict between the English version and the translated versions, the English version shall prevail.