



City of lake Worth Summer Sports Camp Registration Form

Shirt Size _____

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE #(____) _____ CELL #(____) _____ E-MAIL ADDRESS _____

DATE OF BIRTH _____ AGE _____ GRADE _____ NICKNAME _____

MOTHER'S NAME _____ CELL #: (____) _____ OTHER (____) _____

FATHER'S NAME _____ CELL #: (____) _____ OTHER (____) _____

Person to contact in case of an emergency when parent cannot be reached. **(WE MUST BE ABLE TO REACH SOMEONE AT ALL TIMES AND IF NEED BE, HAVE THE CHILD PICKED UP WITHIN ONE HOUR OR BE IN RISK OF DEPARTMENT OF CHILDREN & FAMILIES VIOLATION, WHICH CAN CAUSE YOUR CHILD TO BE DISMISSED FROM OUR PROGRAM).**

NAME _____ RELATION _____ CELL #: (____) _____ OTHER (____) _____

ADDRESS _____ CITY _____ ZIP _____

NAME _____ RELATION _____ CELL #: (____) _____ OTHER (____) _____

ADDRESS _____ CITY _____ ZIP _____

FAMILY DOCTOR _____ PHONE # _____

Does your child have any disabilities? Yes No Does your child need any special accommodations? Yes No
If yes, please explain _____

List any special medical problems, allergies or instructions you feel we should be aware of: _____

My child will be taking medicine during program hours. Yes No

If yes, name of medication _____ (you must complete medication form)

Names of people authorized to pick your child up besides the people listed above: (must be at least 16)

NAME _____ RELATION _____ CELL #: (____) _____ OTHER (____) _____

NAME _____ RELATION _____ CELL #: (____) _____ OTHER (____) _____

NAME _____ RELATION _____ CELL #: (____) _____ OTHER (____) _____

INSURANCE INFORMATION:

Insurance Company _____ Group ID # _____

Phone: _____

DATE

Signature of Parent/Guardian

OFFICE USE ONLY

DATE RECEIVED

City Representative Receiving Paperwork

Follow-up phone call placed: (Date) _____ (Time) _____

Acceptance confirmation / start date / reminders mailed on _____