



CITY OF
MARATHON, FLORIDA
Parks & Recreation Department

9805 Overseas Hwy, Marathon FL 33050
Phone (305) 743-6598 | park@ci.marathon.fl.us | www.ci.marathon.fl.us

2017 SUMMER CAMP Registration Form – (Must be Submitted with Health Form)

June 12th – August 11th ~ \$80 a week ~ \$20 a week discount for additional family members ~ Ages 5-13

Email completed forms to park@ci.marathon.fl.us or drop it by our office at the Community Park

Name _____ ☐ Is this an additional Family Member?
Birth Date ____ / ____ / ____ Age ____ Sex ☐ M ☐ F
Street Address _____
City _____ State _____ Zip _____
Email _____ Shirt Size _____
Day Time Phone _____ Cell Phone _____
Check Weeks ☐ 1 (6/12-6/16) ☐ 2 (6/19-6/23) ☐ 3 (6/26-6/30) ☐ 4 (7/03-7/07) ☐ 5 (7/10-7/14)
Registering ☐ 6 (7/17-7/21) ☐ 7 (7/24-7/28) ☐ 8 (7/31-8/4) ☐ 9 (8/7-8/11)

PARENT/GUARDIAN NAME INFORMATION

Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____

EMERGENCY CONTACT

Contact Name _____ Phone _____

RELEASE AND WAIVER

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 Marathon [the "City"] and its office, agents and employees will not be held liable for injuries or other loss sustained by the minor which occur as a result of the above-named minor's participation in the above-described activity.

Therefore, the undersigned parent/guardian, specifically WAIVE ANY CLAIM against the City and its offices, agents and employees for any loss, injury or damage sustained by the above named minor that arises out of participation in the above described activity. Further, the undersigned parent/guardian agrees to RELEASE and hold harmless the City and its offices, agents and employees from any and all claim, actions, demands, rights, judgments and expenses arising from or by reason of any and all known damage, claims or actions arising from the above-named minor's participation in the above-described activity.

This WAIVER and RELEASE shall continue notwithstanding any negligence or comparative negligence on the part of the City relating to such loss, injury or damage.

I, the undersigned parent/guardian, hereby give permission for the City and its offices, agents and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury. Although I understand that the City and its offices, agents and employees assume no responsibility by doing so, I undersigned parent/guardian, also agree that this Waiver and Release form shall be binding on my heirs, successors and assign.

By signing below, the undersigned parent/guardian acknowledges that [he/she] has fully read, understood and agrees to each and every term contained in this Waiver and Release.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Payment Received By _____ Check # _____ Cash _____
File: 2017 Summer Camp Registration Modified: Mar-2017