



MUSKETEERS / SFSL SUMMER CAMP



SFSL Mission: Helping our youth with the biggest game of all, LIFE! ”
“The Place to be this SUMMER”

Please fill out the information below. Please TYPE / PRINT all information clearly.

Participant’s Name: _____ Age: _____ D.O.B: _____ Gender: M F

Participant’s Address: _____ City: _____ Zip: _____

Mother / Guardian’s NAME: _____ EMPLOYER: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father / Guardian’s NAME: _____ EMPLOYER: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child’s School: _____ Grade: _____

E-mail: _____ Very important weekly information will go out via Email

EMERGENCY INFORMATION AND AUTHORIZATION PICK-UP

(Children will NOT be released to any person not listed below. Must list at least 3 people)

Table with 5 columns: NAME, RELATIONSHIP, PLACE OF EMPLOYMENT, WORK NUMBER, CELLULAR NUMBER. Contains 5 empty rows for data entry.

Please state below any medical or behavioral conditions the participants named above has or has had, that should be considered. Include any medication which needs to be administered while attending the program. (Allergies, present medications, activities to avoid, behavioral characteristics, etc. Furthermore, are there any special needs an /or accommodations necessary that SFSL staff needs to be aware of in order to provide the best possible care?

LATE ARRIVAL PICK-UP ACKNOWLEDGMENT:

I understand that Musketeers / SFSL summer camp is open with FREE extended care from 7:30 AM to 6:00 PM and that there are a late arrival payment procedures that starts at 6:01 PM. The fees are \$15.00 dollars per every quarter hour (Every 15 minutes) will be charged to the Parent and/ or Guardian of the participant. This fee will be collected at the time of the pickup. I have read and understand the payment procedures for late arrival pick- up’s by the Musketeer / SFSL and I agree to comply with these procedures.

Parent and/ or Guardian Initials: _____ DATE: _____

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW

I hereby acknowledge and understand that all the information listed above is true and accurate I agree that my child will abide the rule of South Florida Sports League. I agree that the safety of my child and all other children, that any inappropriate behavior by my child may result in suspension and / or removal from the program. I give my permission for the above named child to participate in activities and field trips and to use SFSL owned or contracted transportation. I give SFSL permission to take photos of my child /self participating in SFSL sponsored programs. I understand that those photos be used in promotions for SFSL and are the sole property of the SFSL.

Parent and/ or Guardian Signature *: _____ Date: _____

Parent and/ or Guardian Print Name *: _____ Date: _____

* Must be 18 years or older, and be the parents or the legal guardian to authorize registration.

OFFICE USE ONLY REGISTRATION WEEKS DATE: _____ FEES: _____

Table with 10 columns representing weeks from June 8th to August 10th.



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SOUTH FLORIDA SPORTS LEAGUE FORM MANDATORY WAIVER AND RELEASE

I, the Parent and/ or Guardian of (PRINT THE PARTICIPANTS FULL NAME) _____, as a condition to participating in the summer camp program provided by the South Florida Sports League (SFSL), do hereby agree to the following:

We the Parent and/ or Guardian acknowledge and agree that prior to my child’s participation in the SFSL programming I know and understand the scope, nature and extent of the risks involved and inherent in participating in the summer camp and the types of related activities associated therewith. I acknowledge and fully understand that all activities provided by SFSL involve a significant risk of injury, some of which may be severe and which may result from my own actions, the actions of others, or the condition of the location where upon the activities take place. I also acknowledge that there may be other unknown or reasonably unforeseen risks at this time.

We the Parent and/ or Guardian expressly and voluntarily assume all risk of personal injury or damage to or loss of my property while participating in activities provided by or managed by SFSL, including the acts of any other party.

We the Parent and/ or Guardian agree to abide by all rules and regulations set forth by SFSL for this program at all times.

We the Parent and/ or Guardian hereby release, indemnify and hold harmless South Florida Sports League, Inc., its owners, operators, employee, agents, and/or the agency that SFSL has a permit with for field and facility usage from any and all liabilities, actions, causes of action, rights, claims, demands, damages, costs, loss of earnings or earning capacity, expenses, and compensation, on account of or in any way arising out of, any and all injuries, damages or losses, whether known or unknown, foreseen or unforeseen, which are sustained from participation in activities provided by or managed by SFSL.

We the Parent and/ or Guardian further represent that have the legal capacity to enter into this Agreement and that I have no physical infirmity or chronic injury or ailment of any nature that would hinder my ability to participate in activities provided by or managed by SFSL.

I am either 18 years of age or older, and the Parent and/ or Guardian of the participant name stated above.

We the Parent and/ or Guardian have read this Agreement and understand that its terms and conditions reaffirm my voluntary assumption of the risk of injury or my participation in activities provided by or managed by the SFSL.

IN WITNESS WHERE OF, the undersigned, intending to be legally bound, have executed this General Release and Waiver this _____ day of _____, 20_____.

Parent(s) and / or Guardian (s) (Must be signed by both parents (If living) and / or All Legal Guardians)

BY: Parent and/ or Guardian: _____
Print Name Print Name

BY: Parent and/ or Guardian: _____
Signature: Signature:

Witnesses to Parents and / or Guardian Signature:

BY: Witnesses to Parent and/ or Guardian: _____
Print Name Signature: