



**Pinellas Park Recreation Division  
Summer Camp 2018  
Child ID Record**

**Child's full legal name** \_\_\_\_\_  
First Middle Last

**Sex** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Child's preferred name/nickname** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Who has legal custody** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parent's name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Place of Employment** \_\_\_\_\_

**Address of Employer** \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Telephone** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Place of Employment** \_\_\_\_\_

**Address of Employer** \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Telephone** \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

**Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD  
(Back Page)**

Child's Physician/Health Resource \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street)                                  City                                  State                                  Zip Code

Hospital Preference \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street)                                  City                                  State                                  Zip Code

**MISCELLANEOUS INFORMATION**

List all known allergies \_\_\_\_\_  
\_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_  
\_\_\_\_\_

List any areas of concern \_\_\_\_\_  
\_\_\_\_\_

Child's habits, fears, etc. \_\_\_\_\_  
\_\_\_\_\_

Will child be walking /riding a bike to Camp? (circle one)                                  **Yes**                                  **No**

**My signature below verifies that:**

**I give Pinellas Park Recreation Division permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.**

**I acknowledge that I have received a copy of the "Summer Camp Parent Handbook" and have read and understood the information therein, including the discipline policy.**

**I acknowledge that there are no refunds if my child is suspended. Suspensions will begin the next day.**

**I understand that the Summer Camp includes various recreational activities including local walking and/or driving trips. In registering my child for this program, I agree to his/her participation in Summer Camp activities, which may include one or more groups or the whole program.**

**I understand that my child may be transported by the City of Pinellas Park to another City facility in the event of an emergency requiring closure or evacuation.**

**I verify that the information on this enrollment form is complete and accurate.**

\_\_\_\_\_  
**Signature of Custodial Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

Please select your child's t-shirt size:

YS    YM    YL    AS    AM    AL    AXL    AXXL



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**PINELLAS PARK RECREATION DIVISION  
SUMMER CAMP 2018**

**EMERGENCY MEDICAL RELEASE**

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

**Please Print Information**

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**Sign in the presence of the Notary.**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

\_\_\_\_\_, in the event of an emergency at which time  
(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

**Signature of Custodial Parent/Legal Guardian (Affiant)**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)