



City of Lauderdale Lakes
Parks and Human Services Department

2020 Virtual Summer Camp Registration Form

*Campers must have access to a desktop computer, laptop, or tablet with internet connection in order to participate.

Child's Name: _____ Age: _____ Gender: M F

Date of Birth: _____ Grade: _____

School Name: _____ Student ID: _____

Address: _____ City: _____ Zip: _____

1st Parent/Guardian Name: _____

2nd Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Does your child suffer from allergies, disabilities, or medical conditions? Yes No
If yes, please explain _____

Is there other information you would like to share about your child? _____

Would you like to receive summer meals? Breakfast Lunch Both

T- Shirt Size? Youth Adult XS S M L XL

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature

Date

DISCLOSURE

MODEL RELEASE

I hereby consent and give the City of Lauderdale Lakes permission to take photographs and/or digital video images of me to be use and publish for advertising, publicity, or any other purposes in direct mail pieces, inserts and other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

Parent/Guardian Signature

Date