



City of Aventura Community Services Department

Participant Information Form for Children
Please print and fill out completely

Participant Name:		Age:	Date of Birth:		Sex: M F	
Street Address:		Apt#	Name of Current School:			
City:		Current Grade:				
State:	Zip:		Home Phone:			
Participant: <input type="checkbox"/> Can Swim <input type="checkbox"/> Cannot Swim		Specify any Allergies or Special Needs:				
Parent / Guardian Information						
Name:			Relationship to participant:			
Street Address(if different from participant):		Apt#	Home Phone:			
City:		Business Phone:		Ext.		
State:	Zip:		Cell Phone:			
Name:			Relationship to participant:			
Street Address(if different from participant):		Apt#	Home Phone:			
City:		Business Phone:		Ext.		
State:	Zip:		Cell Phone:			
Emergency Contact and Authorized Escort Information						
List at least one person who can respond to an emergency in the event that the Parent/Guardian cannot be reached. Check the appropriate box if you authorize this person to escort the participant from the program site. <i>Please print clearly.</i>					Authorized to escort from premises?	
Name	Relationship	Day Phone	Night Phone	Alternate Phone	Yes	No
Summer Camp T-Shirts						
<i>I have received one City of Aventura summer camp t-shirt that must be worn on all field trip days. I understand that additional t-shirts will be available for purchase after the start of camp.</i>						
Parent/Guardian Signature: _____			Date: _____			
Camp Information Guide						
<i>In our efforts to go green, The City of Aventura Camper Information Guide is available online at www.cityofaventura.com. Parents/Guardians will be held responsible for all information in this handbook. If you have any questions, please feel free to contact the Aventura Community Recreation Center directly.</i>						
Parent/Guardian Signature: _____			Date: _____			
Official Use Only						
<input type="checkbox"/> Form is completed and signed. <input type="checkbox"/> Confirm birth certificate and age of participant. <input type="checkbox"/> Confirm residency with acceptable identification. Confirm that address and phone numbers are correct. <input type="checkbox"/> Update household information in RecTrac.						
Employee Name: _____			Date: _____			