561-715-0499

Ocean Adventure Camp
2016-2017
Enrollment

www.UnderBlueWaters.com

Child's Name: _____

Age: _____ DOB: _____ Grade: _____

Swimming ability (circle): Unable Poorly Average Good Very Good Excellent

Parent/Guardian Emergency Contact Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Who will be picking up child (list all persons): _____

Would you like to receive emails about Under Blue Waters upcoming activities? (Circle) Y or N

How did you hear about Under Blue Waters? _____

General Medical Information

Please list ANY medical problems such as food allergies, chronic conditions, etc…_____

Medications presently taken: _____

Circle Activities Most Interested In

Snorkeling	Skim Boarding	Boogie Boarding	Paddle Boarding
Fishing	Sailing	Surfing	Marine Science

COST: **Single Day:** $79 Residents
$91 Non-residents

AFTER CARE NOW AVALIABLE from 3:00-5:30pm $20/per day

Single Day Registration: Please write in dates: _____ aftercare: Yes___ No____

Online registration available with a valid user name and password. Please contact Julia Pinkocze at 561-367-7081 or jpinkocze@myboca.us to obtain a user name and password.

Refund policy: A **$125 fee** will be charged for all refunds except if a class is cancelled. Refunds will be granted only if the request is made 3 business days prior to the first day of camp.

ATTENTION PARENTS

The City of Boca Raton is accepting credit cards as a form of payment for **Under Blue Waters Ocean Adventure Camp**.

If you would like to pay for this activity by credit card, please complete the bottom portion of this page and return it with your registration form and signed City of Boca Raton waiver of liability.

Payment is **due in full** for all sessions

Please fill out completely

Charge to: Visa _____ MasterCard _____American Express _____
(Check appropriate card)

Number: _____ Expiration Date: _____

Amount $ _____

Home Zip Code _____ CVV Code:_____

Name on Credit Card: _____

Signature: _____

Child(ren) Name & Week attending

_____

_____

BOCA RATON COMMUNITY CENTER WAIVER

As the parent or guardian of a minor child/or as a participant in a City of Boca Raton/Greater Boca Raton Beach & Parks District activity or as a user of any City/Greater Boca Raton Beach & Park District facility, I hereby waive any claim against the City of Boca Raton/Greater Boca Raton Beach & Park District agents, servants and employees, hereafter arising from injuries to said child/adult, which said injury is sustained while upon said facilities, participating in said activities or being transported there from or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said City/Greater Boca Raton Beach & Park District or by the negligence of the agents, servants or employees of the City/Greater Boca Raton Beach & Park District, and I do covenant to indemnify, hold harmless and defend the said City/Greater Boca Raton Beach & Park District, its agents, servants and employees from any claim damages or demand hereafter the negligence of said City/Greater Boca Raton Beach & Park District.

I hereby give permission for the City/Greater Boca Raton Beach & Park District to call my physician and/or to arrange for transportation to a hospital, in the event of an injury to said child/adult, although I understand that the City/Greater Boca Raton Beach & Park District assumes no responsibility to do so

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DISCLAIMER STATEMENT AND WAIVE AND RELEASE ALL CLAIMS.

SIGNATURE OF
PARENT/GUARDIAN OR PARTICIPANT_____

MODEL/PICTURE RELEASE NOTE

At various times the City of Boca Raton videotapes and photographs events to be broadcast on the City of Boca Raton's website or Channel 20, the city's access station. By entering yourself or your child in the above mentioned City program, you hereby authorize the City of Boca Raton to reproduce, copy, exhibit, publish, broadcast or distribute any and all such videotapes, audio tapes or photographs.

SIGNATURE OF
PARENT/GUARDIAN OR PARTICIPANT_____

PROGRAM AND DATE _____