www.UnderBlueWaters.com
561-715-0499

Ocean Adventures Spring 2017
Camp Enrollment

Child's Name: _____
Age: _____ DOB: _____ Grade: _____

Shirt Size: (circle) Youth S Youth M Youth L Medium Large X Larger

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): _____

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:

Mon-Friday:

$260 Boca Raton Residents
$325 Non resident

Daily Rate: $79 Boca Residents
$91 Non Residents (no discount on daily registrations)

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

Dates: Please circle winter dates you are registering for

March 20th-March 25th

***Single Day Registration: Please write in dates:** _____

Interested in aftercare: Yes____ No____ # of days for aftercare _____

***You may register and pay by Fax, Mail, Email or In Person** at the Community Center.
Boca Raton Community Center 150 Crawford Blvd, Boca Raton, FL 33432
FAX: 561-367-7054 Email: jpinkocze@myboca.us

Online registration is also 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

<u>Please fill out completely</u>

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

Number: _____ Expiration Date: _____

Amount $ _____ Home Zip 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 _____