



FOR OFFICE  
USE ONLY

LAST NAME	FIRST NAME
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AGE GROUP	SESSION <b>1 2</b>
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SPORT / SPECIALTY CAMP	<b>2018</b>
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## Town of Jupiter Recreation Department Youth Camp Registration

CHILD LEGAL NAME <i>(first, last)</i>				
CHILD ALSO KNOWN AS	SEX	ENTERING GRADE	AGE	DATE OF BIRTH

### PARENT INFORMATION

MOTHER or Legal Guardian <i>(first, middle initial, last)</i>	PLACE OF EMPLOYMENT
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HOME ADDRESS <i>(street number, street, apartment number)</i>
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HOME PHONE	BUSINESS PHONE	CELL NUMBER	EMAIL ADDRESS
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FATHER or Legal Guardian <i>(first, middle initial, last)</i>	PLACE OF EMPLOYMENT
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HOME ADDRESS <i>(street number, street, apartment number)</i>
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HOME PHONE	BUSINESS PHONE	CELL NUMBER	EMAIL ADDRESS
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1. Indicate with whom the child lives *(check one only)*

- Both parents     
  Mother     
  Father     
  Other

2. **IMPORTANT - EVERYONE MUST ANSWER THIS QUESTION.**

A. Is there a visitation order or other Florida court order barring either parent from removing the child during the camp day or coming into contact with the child?  YES  NO

If YES, provide camp director with a copy of the Florida court order.

B. Parents DO NOT have shared parental responsibility.

If checked, provide camp director with a copy of court order.

3. Provide a password (limited to 10 characters) to be used in order to make changes/additions to this form.

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## Town of Jupiter Recreation Department Youth Camp Registration *(continued)*

4. Provide the name(s) of person(s), other than the parent, allowed to pick up the child.

NAME <i>(first, last)</i>	RELATIONSHIP TO CHILD	HOME PHONE	CELL PHONE	WORK PHONE

5. How well does your child swim?  Not at all  Poor  Good  Excellent

6. Does the child have any allergies?

YES  NO

If YES, please specify: \_\_\_\_\_

7. Does the child have any illnesses, behavioral issues, medications, special needs or physical limitations?

YES  NO

If YES, please specify: \_\_\_\_\_

### EMERGENCY CONTACTS *(other than Parent or Guardian)*

NAME <i>(first, last)</i>	RELATIONSHIP TO CHILD	HOME PHONE	CELL PHONE	WORK PHONE