



**The City of Miami Gardens Parks and Recreation Department
Activity Release Form**

General Participant Information

Last Name		First Name		
Birth Date	Age	Grade	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Medical Insurance		Policy #		
List any Special Conditions, Handicaps and/or Medications (i.e.: Allergies, Asthma, Diabetes, Epilepsy, Ear Infections, Convulsions, Penicillin, etc.)				
(Staff will not be responsible for administering any medication, nor for ensuring that medication has been taken properly.) In accordance with the Americans with Disability Act of 1990, all persons who are disabled and who need special accommodations to participate in this event because of that disability should contact our offices 305-622-8080, not later than 48 hours prior to the event. TTD number 1-800-955-8771.				
Current Immunizations: <input checked="" type="checkbox"/> Check all that apply.				
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> MMR	<input type="checkbox"/> DTP
				<input type="checkbox"/> Tetanus

Activity Registration Information

Activity	Park Location	Shirt Size	Fee Paid	Receipt #

Adult Participant/Parent Information

Adult Participant/Mother's Full Name	Father's Full Name
Address	Address
City, State, Zip	City, State, Zip
Home Ph# ()	Home Ph# ()
Work Ph# ()	Work Ph# ()
Other Ph# ()	Other Ph# ()

Emergency Contact/Pick Up Persons [other than parent(s)/guardian(s)]

Please list all emergency contacts. Persons will be required to show picture ID. Your child will not be released to anyone not on this list unless notified by registering parent(s)/guardian(s) in writing.

Full Name	Relationship	Allowed to pick up child?	Phone #1	Phone #2

My child can sign him/herself out at _____ pm.

Consent to Medical and/or Surgical Treatment & Assumption of Risk and Release/ Field Trip Waiver

In the event of injury to or illness of their self/son/daughter/ward, the undersigned hereby authorizes the City of Miami Gardens or representative thereof, to admit the registrant named to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the registrant, their heirs, assigns and personal representatives, hereby releases the City of Miami Gardens, its commissioners, staff and employees from any and all claims arising out of the admission to, or treatment administered by, such facility.

The undersigned hereby acknowledges and agrees that participation in the program and related activities, including but not limited to off site field trips carry with it an inherent risk of physical injury. In consideration of the registrant's participation in the program, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge the City of Miami Gardens, its commissioners, staff, employees and agents from any and all liability, claim or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and participation in the program and its activities.

Photographic Release

I hereby authorize the City of Miami Gardens, and the members of its staff to take such photographs, television recordings and/or live television transmission of the registrant in whole, or in part, as they or members of the staff may wish, and to use and publish the same in such places and publications as the City of Miami Gardens, or its staff in its sole discretion consider to be of benefit to said City. I hereby waive any right that I may have to inspect and/or approve the finished product that may be used here under or the specific use to which it may be applied.

Pick Up Notice for Participants Under 18 Years of Age

- A late pick up fee of \$2 per minute per child will be applied after the program's designated end time. This must be paid within two (2) business days, or your child will not be able to attend the program.
- Proper ID must be shown every day to pick up your child.

Participant's Name: _____

Participant/Parent/Guardian's Signature: _____ Date: _____

Pwogram skolachip Thomas Armour kontan pou sponsor pwofesyonel klas bale avek tap nan **Betty T Ferguson Recreational Complex**. Klas yo ap komanse **Mandi, 23 aout** lap fini **Sanmdi 2 juin**. **A depans pou klas yo se 10 pou chak mwa ki ka peye dirèkteman nan Betty T Ferguson Recreational Complex** biwo a. **Nap pran Selman 25 elev pou chak klas**. Si w enterese, tanpri retounen fòm sa a nan biwo a an ba li bay Ms Kareen oubyen Ms Natasha

**Biwo (786) 279-1222
Ms. Natasha (305)610-0499
Ms. Kareen (786) 229-9797**

Klas yo ap divize konsa:

BALLET	TAP (All Tap students must be at least 7 yrs old)
Nivo A1 (5/6 yrs): Madi 4pm-5pm	Nivo C1 (7/8yrs): Vandredi 5pm-6pm & Samdi 1pm-2pm
Nivo A2 (5/6yrs): Jedi 4pm-5pm	Nivo C2 (9/10yrs): Vandredi 6pm-7pm & Samdi 2pm-3pm
Nivo B1 (7/8yrs): Madi & Jedi 5pm-6pm	
Nivo B2 (9/10yrs): Madi & Jedi 6pm-7pm	

Elev yo ap bezwen rad dans sa yo:

Tifi: Mayo balenwa manch kout, bar roz avek soulye bale roz. Elev tifi ki nan kindergarten avek 1st grade yo pap mete ba, men yo ap mete choset blan.

Ti Gason: Mayo bale blan manch kout, ba nwa avek soulye bale nwa e choset blan.

Soulye tap pou elev kap pran klas tap yo

Tanpri, kenbe orè a epi retounen pati nan bpttom nan fòm sa a nan biwo a, Mdme Kareen oubyen Madame Natasha
Sonje ke elev ki aplike pi bon a gen pi bon chans pou yon plas.

Mwen bay pitit mwen _____ pemisyon pou patisipe nan klas tap kap fet nan **Betty T Ferguson Recreational Complex** (3000 NW 199 St).

_____ Mwen vle achte rad bale yo. Tanpri, ale nan biwo **Betty T Ferguson Recreational Complex** yo peye

Lekol petit la: _____ **Gwad petit la:** _____ **Nom pwofese:** _____

Moun pou nou kontakté lan ka ugans (EMERGENCY)

Paran/moun responsab: _____ # télefon kaye _____

télefon travay _____ # telefon cell: _____ E-mail _____

Nom yon lot moun ké nou ka kontakté lan ka ujans: _____

télefon kay _____ # télefon travay _____ E-mail _____

Sa li yé pou ou: _____

Nom Doktè ou: _____ # télefon _____

Pitit lan genyen pwoblem médikal sa-yo: _____

Pitit lan pran médikaman sa-yo: _____

Pitit-la fè alègi avèk rémèd sa-yo: _____

_____ **Mwem pwomèt ké pitit-la ap toujou vini lan klas balè yo.**

_____ **Mwen baye pèmisyon pou yo fè foto pitit-mwen pou pwomosyon.**

_____ **Mwen baye pèmisyon pou lékol la suiv pwogrè pitit-mwen.**

Moun ki geye dwa "pick-up"/ramase petit-mwen:

Nom: _____ # telefon: _____ Sa li ye pou ou: _____

Nom: _____ # telefon: _____ Sa li ye pou ou: _____

Siyati Paran/Moun responsab: _____ **dat** _____



Fòmilè Enfòmasyon pou ti moun

Ti moun*: Non fanmi _____, Prenon _____ Premye lòt lòt non _____

Manman: Non fanmi _____, Prenon _____ Premye lòt lòt non _____

Papa: Non fanmi _____, Prenon _____ Premye lòt lòt non _____

Eske timoun la ap viv legalman avèk yon gran moun/gadyen ki pa ni manman li ni papa li? Wi Non

Si se wi, **gadyen:** Non fanmi _____, Prenon _____ Premye lòt lòt non _____

Adrès: Ri* _____ Vil* _____ Kòd postal* _____

Telefòn paran/gadyen/ _____ Telefòn Travay _____ I-mel _____

Sèks ti moun la* Mal Femèl Dat ti moun la fèt (mwa/jou/lane)* _____

Ras ti moun la*: Meriken Endyen osnon moun Alaska Jòn Nwa osnon meriken Nwa
 Moun zile nan Pasifik la Blan lòt ras, di ki ras souple _____

Etni ti moun la* Panyòl Ayisyen lòt etni, di ki etni souple _____

Peyi kote ti moun la soti : _____

Eske ti moun la pale angle byen?* Wi Non

Lòt lang yo pale nan kay la*: Panyòl Kreyòl Lòt lang _____
 Okenn

Nimewo sosyal ti moun la*: _____ li pa genyen sosyal;
 prefere pa bay nimewo sosyal la

Nimewo idantifikasyon MDCPS*: _____ li pa genyen idantifikasyon MDCPS;
 li prefere pa bay idantifikasyon MDCPS

Nan ki klas ti moun la ye kounye a*: _____

Nan ki lekòl ti moun la ye kounye a*: _____

Eske ti moun la genyen asirans sante (pa ekzanp asirans prive, Kidcare, Medicaid)?* Wi Non
(S li pa genyen asirans sante, The Children's Trust ka ede ou jwenn yon asirans ou ka peye — Rele 211)

Eske ti moun la genyen yon enkapasite ki dokimante?* Wi Non

Si ou reponn wi, eske ou genyen (cheke tout sa ki aplike pou ou):

- | | |
|--|--|
| <input type="checkbox"/> Yon plan de sèvis famiyal patikilye (IFSP; Si ti moun la pi piti pase 3 lane) | <input type="checkbox"/> Yon dyagnostik ke yon profesyonel setifie osnon lisansie fè (ex: sikologis) |
| <input type="checkbox"/> Yon plan pou enstriksyon patikilye (IEP; ke sistèm lekòl la kreye) | <input type="checkbox"/> Infòmasyon ke paran/gadyen bay sou eta Medikal pitit li epi/osnon atansyon espesyal li bezwen |
| <input type="checkbox"/> Yon plan seksyon 504 la | |
| <input type="checkbox"/> Yon dyagnostik medikal yon dokte fè | |

Si ou reponn wi, ki jan out a dekri enkapasite a osnon enkapasite yo? (cheke tout sa ki aplike):

- | | |
|---|--|
| <input type="checkbox"/> Otism | <input type="checkbox"/> Pwoblèm entelektyèl (osnon reta mantal) |
| <input type="checkbox"/> Maladi kronik | <input type="checkbox"/> Difikilte pou aprann |
| <input type="checkbox"/> Pwoblèm timoun ak reta nan devlopman (pou ti moun ki genyen mwens ke 5 lane) | <input type="checkbox"/> enkapasite fizik |
| <input type="checkbox"/> Pwoblèm emosyonèl osnon/epi pwoblèm nan konpòtman | <input type="checkbox"/> Pwoblèm pou pale osnon nan lang |
| <input type="checkbox"/> Pwoblèm pou tandè (osnon soud) | <input type="checkbox"/> Pwoblèm nan zye (osnon avèg) |
| | <input type="checkbox"/> Lòt enkapasite _____ |

Mwen bay pèmisyon pou soumèt enfòmasyon sa yo ba The Children's Trust pou li ka siveye epi fè evalyasyon.

Siyati paran/gadyen/*: _____ **DAT:** _____

Poun izaj ofisyèl sèlman (Fòk li ranpli)

ÒGANIZASYON: Thomas Armour Youth Ballet

SITE LOCATION: **BETTY T FERGUSON RECREATIONAL PARK**



OTORIZASYON POU DWA FOTOM/VIDEO

Mwen, _____, paran oswa gadien
_____, bay òganizasyon kap
rand sevis ak anplwaye "The Children's Trust" nan arondisman Miami Dade
otorizasyon ak konsantman-m pou sak suiv la:

Mwen:

dakò ak otorize

oswa

pa dakò ak pa otorize

Bay anplwaye "The Children's Trust" nan arondisman Miami Dade konsantman-m
ak pemisyon-m pou yo ka pran foto-m, foto pitit-mwen ak tout fanmi-m ou byen
foto digital, épi filmé pwogram televizyon ak/oswa imaj video (yo rele
"Anregistreman") pou yo ka itilize yo nan nenpot ki kalite fòm pwomosyon kankou:
edukasyon, rechèch, dokumantè, sit internet ou byen relasyon piblik ak réklam.

Signati Paran oswa Gadien

Signati devan Presans

Date

Date

Nenpot anregistreman ki bay idantite-w, san yo pa peye ni mwen, ni pitit mwen, ak
ni lot fanmi-m.

Nenpot ak tout enregistreman-m, de pitit mwen, ak fanmi-m ap toujou rete
pwopriyete "The Children's Trust" la.

Mwen renonse dwa-m pou m mande "The Children's Trust" nan arondisman Miami-
Dade ansam ak ajan li, anplwaye li, sèvite li ak manb direkte nenpot reklamasyon
sou itilizasyon anregistreman sa yo sou kelkswa fòm.