



**Shake-A-Leg "ECO Island ADVENTURE CAMP:  
Student Application**  
June 15, 2009 – August 7, 2009  
305-858-5550 x 121

*For Office Use Only:*

Date Recd \_\_\_\_\_

Eligible: Y N

Based on: PD Discount  
Rate: \$500 per session

**Child's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Mother's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Father's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

**Home/Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Child's Gender**  Male  Female **Child's Date of Birth** (mo/day/yr) \_\_\_\_\_

**Is Child Proficient in English?**  Yes  No

**Additional/Other language(s) spoken in the home:**  Spanish  Haitian-Creole  Other \_\_\_\_\_

**Child's Social Security number:** \_\_\_\_\_  No SSN;  prefer not to give SSN

**MDCPS ID Number:** \_\_\_\_\_  No MDCPS ID;  prefer not to give MDCPS ID

**Child's Current Grade:** \_\_\_\_\_ **Child's Current School:** \_\_\_\_\_

**Does child have health insurance** (ex., private insurance, KidCare, Medicaid)?  Yes  No

**Does child have a documented disability?**  Yes  No

*If yes, do you have (check all that applies):*

a medical diagnosis from a doctor

Other documentation \_\_\_\_\_

*If yes, how would you best classify the type(s)? (check all that apply):*

Autism Spectrum Disorders

Learning Disability

Chronic Medical Condition

Physical Disability

Developmental Delay (under 5 only)

Speech/Language Impairment

Emotional and/or Behavioral Disorder

Visual Impairment (or blind)

Hearing Impairment (or deaf)

Other Disability \_\_\_\_\_

Intellectual Disability (or mental retardation)

**Can your child swim?**  Yes  No

**Does your child have any certificates in swimming or boating? If so what are they** \_\_\_\_\_

**Is your child in LEP/ESOL?**  Yes  No

**Does your child have any allergies? If so, please specify.**  Yes  No \_\_\_\_\_

**Is your child on any medications? If so, please specify.**  Yes  No \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone Number** \_\_\_\_\_



## Liability Consent

In consideration of Shake-A-Leg Miami, Inc. extending to me the privilege of participating in its water sports program, I fully assume all risks and waive all liability in connection with my participation in any program, and in particular, without limitation, to the extent permitted by law, I and my heirs, representatives, executors, or administrators and my undersigned parent, guardian or aide (if applicable) remise, release, indemnify, acquit and hold harmless and forever discharge Shake-A-Leg Miami, Inc. its directors, employees, and agents, instructors, including volunteers, rescue and support personnel, from any and all liabilities, obligations, damages, claims, causes of action, judgments, costs and charges which I may have or which may be incurred by me for any reason of any occurrence during my travel to and from the event, or during my participation therein, whether resulting from any acts or omissions of any persons, from the operation or condition of facilities or premises, or from acts of God or nature. I hereby agree to comply with all rules and regulations, give my permission for the free use of my name and picture in any media account of the Shake-A-Leg Miami water sports program or any future public relations or fundraising activity. I also agree to assume liability for all and any damages to Shake-A-Leg Miami property that is under my control while participating in any Shake-A-Leg Miami activity.

\_\_\_\_\_  
**Sign-PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**

**\*\*\*Application will NOT be accepted without this signature**

**Program participation will NOT be affected or denied if you choose not to consent.**

**1. Consent for Photography:** I consent to allow the taking of photos or videos of my child and/or me during program activities. Any photos/videos may reveal my child's and/or my identity without any compensation paid to my child, to me or to others. All photos and videos may be used by Shake-A-Leg Miami or The Children's Trust for educational and/or promotional purposes and will remain the property of.

**Circle one:**

**YES, I consent**

**NO, I do not consent**

\_\_\_\_\_  
**SIGN – PARENT OR LEGAL GUARDIAN\*\***

\_\_\_\_\_  
**DATE**



2620 South Bayshore Drive Miami, Florida 33133 Tel: (305) 858-5550 Fax: (305) 858-6262  
Shake-A-Leg Miami Inc. is a non-profit 501(c)3 tax exempt organization.

