

DATE ____ / ____ / 2026
 day month

REGISTRATION FORM 2026

Please complete and send with all documentation to the
administrative office or via email funbeach10@gmail.com

**2x2 PICTURE
PLACED ON
FORM
SEPARATE
PICTURES ARE
NOT ACCEPTED**

ID# _____ Member# _____

Extended Program 3PM – 6PM



NAME _____

LAST NAMES _____

Date of birth ____ / ____ / ____ is ____ years old M ____ F ____

¿Any siblings in this CAMP? Yes ___ No___ Name _____ Age _____

Postal Address _____

Residential Address _____

School _____ Last grade completed _____

Father's name _____

Father's profession _____ Phone _____

Mother's name _____

Mother' profession _____ Phone _____

FOR OFFICE USE ONLY
 GROUP FORM
 VACCINES
 2 PICTURES
 MEDICAL CERT.
 REGULATIONS
 COMMITMENT

Email for important information and announcements: _____

¿How did you find out about us? _____

IN CASE OF **EMERGENCY**
WE WILL CONTACT:

Name: _____ Relationship _____

Phone number: _____ Cell phone: _____

Select all the weeks you paid for **REGULAR SCHEDULE 8am – 3pm:**

- Week 1
(May 25th-May 29th)
- Week 2
(June 1ST-June 5th)
- Week 3
(June 8th-June 12th)
- Week 4
(June 15th-June 19th)
- Week 5
(June 22ND-June 26th)
- Week 6
(June 29th -July 3rd)

WE WILL NOT DELIVER SHIRTS UNTIL WE HAVE RECEIVED COMPLETE REGISTRATION AND PAYMENT.

Select all the weeks you paid for **EXTENDED PROGRAM 3pm – 6pm:**

- Week 1
(May 25th-May 29th)
- Week 2
(June 1ST-June 5th)
- Week 3
(June 8th-June 12th)
- Week 4
(June 15th-June 19th)
- Week 5
(June 22ND-June 26th)
- Week 6
(June 29th -July 3rd)

AUTHORIZED PEOPLE TO PICK UP THE PARTICIPANT BESIDES THE PARENTS:

Name	Relationship

We do not guarantee a specific assigned group, nor will we change groups unless we find it necessary.

I _____ (block letters), legal guardian of the minor whose name appears in this form, authorize him/her to participate in the Sport Program in accordance with the regulations and that I have examined the information and documents provided and therefore confirm that these are true and precise.

Signature _____ Date _____

RECEIVED BY:

STAFF FUN BEACH SUMMER CAMP

GROUP FORM

DATE ____ / ____ / 2026
day month

ID# _____ SOCIO# _____

Extended Program 3pm-6pm

THIS FORM MUST BE FULLY
COMPLETED. THE GROUP
LEADER WILL HAVE THIS FORM
AT HAND AT ALL TIMES.

PICTURE
2x2

NAME _____

LAST NAMES _____

Date of birth ____ / ____ / ____ is ____ years old M ____ F ____

¿Any siblings in this camp? Yes ___ No___ Name _____ Age _____

Father's name _____ Phone _____

Mother's name _____ Phone _____

IN CASE OF **EMERGENCY**
WE WILL CONTACT:

Name: _____ Relationship _____

Phone: _____ Cell Phone _____

ALLERGY: _____

SPECIAL CONDITIONS: _____

RESTRICTIONS: _____

Select all the weeks you paid for **REGULAR SCHEDULE 8am – 3pm:**

Week 1 (May 25th-May 29th) Week 2 (June 1ST-June 5th) Week 3 (June 8th-June 12th) Week 4 (June 15th-June 19th) Week 5 (June 22ND-June 26th) Week 6 (June 29th -July 3rd)

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Signature _____

Date _____

PROGRAM REGULATIONS

1. ENROLMENT AND ADMISSION

To complete the admission process, the parent or guardian must have paid the registration fee in full and submitted all the required documents. **NOTE: The shirts will not be delivered until all the required documents, and the total payment of the registration have been received.**

2. ARRIVAL

Arrival time can be from 7:30am onwards. The program will have staff who will be watching for the children to be kept in a safe area. Children are NOT accepted before this time nor are we responsible for children left on the premises prior to 7:30am. The parent or manager must leave the premises on or before activities start. Parents are not allowed in the camp area, please spare us the shame of asking you to leave. Note: We provide access to parking from 7:30am to 9:00am so that parents can park for drop-off.

3. DELAY

If the participant arrives after 9:00am, the parent or guardian must wait with the child in the lobby for the coordinator to assist in taking the participant to join his or her group. This allows us to have control of attendance and as a safety precaution for the participants.

4. PICK UP OF PARTICIPANTS

The Staff will dispatch the participant from 3:00pm to 3:30pm and from 5:30pm to 6:00pm depending on the program chosen. **If you arrive before this departure time you must wait in the lobby until the indicated time when you can enter to pick up your child.** Important note: You can take your child before the departure time if you wish, but you must notify it in advance the day before. IT IS NOT ALLOWED TO PICK UP PARTICIPANTS BEFORE THE STIPULATED TIME WITHOUT DUE PRIOR AUTHORIZATION.

If minors are not picked up within those hours, they will remain in the reception area, and the parent or guardian will be charged \$20 at the time of pickup.

Circulo Cubano de PR, the organizers, employees, directors and / or staff, are not responsible for children after the delivery time.

5. USE OF CELL PHONES

The use of cell phones is NOT allowed in the camp. These devices must always remain in the participant's bag. The staff reserves the right to retain this or any device during the day and return it at the time of departure. If the participant has the need to communicate with their parents and/or guardians, they will be allowed to make the call from the administrative office.

6. TOYS, VIDEO GAMES, ETC. Electronic video toys and games are NOT allowed during the program/clinics. If the child is found using them, the leaders will seize it, and it will be returned to their parents at the time of collection. The Camp's administration (Circulo Cubano de PR), its directors and staff (leaders, technicians, and assistants etc.) are not responsible for the toys brought to the camp.

_____ INITIALS

7. PARTICIPATION OF SPORTS AND GAMES

This is voluntary. Participants will be encouraged to participate in the different activities and/or sports but will not be forced. However, they will be required to remain in the area where the group's activity takes place.

8. AUTHORIZATION OF MEDICAL SERVICES LOANS

The participant will receive first aid, and parents will be notified immediately by phone.

9. DISCIPLINE

Fun Beach Summer Camp is governed by disciplinary rules. When broken by the participant, the following steps will apply: (depending on the severity of the fault):

- a. Warning card to parents and/or guardians.
- b. Temporary suspension of the participant.
- c. Definitive and permanent suspension of the participant.

THERE WILL BE NO MONEY REIMBURSEMENT

10. DRESS

The participants must attend every day with their official shirt, sports pants (short or long) and tennis shoes. **FLIP-FLOPS, CROCS, OR PANTS WILL NOT BE ACCEPTED.**

The participant must bring in his backpack: bathing suit, towel, sunscreen, snack and a change of clothes, for any emergency. All these items, those of the backpack and those you are wearing, must be identified with the name and surname of the child with a permanent marker.

11. LOST ITEMS

Circulo Cubano de PR, Fun Beach Summer Camp, its Directors and the Staff **ARE NOT RESPONSIBLE FOR** the lost or forgotten belongings of the participant.

THE PARENT/GUARDIAN IS REQUIRED TO READ AND SIGN THESE RULES BEFORE ENROLLING THEIR CHILD.

SIGNATURE OF THE PARENT/GUARDIAN DATE

COMMITMENT OF THE PARENT OR GUARDIAN AND PERMISSION OF MEDICAL SERVICES

I hereby request that _____ be enrolled.

(PARTICIPANT'S NAME)

TUITION REIMBURSEMENT

I accept that the duration and cost of the Fun Beach Summer Camp is as previously announced and that **THE AMOUNT PAID FOR THE TUITION WILL NOT BE REFUNDED** for any reason including, but not limited to, due to illness or accident, or if the participant by his own will or that of the person responsible for this registration, or that of any person outside the direction of this Camp ceases to attend it before its termination.

It has also been explained to me, and I have accepted that inappropriate or unruly conduct of the participant will result in your separation from the Camp, WITHOUT TUITION REIMBURSEMENT.

MEDICAL SERVICES

I hereby authorize the administration of the Camp and / or authorized representative so that, in case of accident while under guardship of the Camp, submit my child to the relevant emergency services and if he deems it necessary, be transported to the nearest medical center. The Camp leader or his authorized representative must inform me as soon as possible of what happened, and the actions taken.

I authorize the nurse of the Fun Beach Summer Camp to administer the prescription drugs, which the father, mother or tutor supplants. I also authorize the nurse to give over-the-counter medications (Tylenol, Pepto-Bismol, Benadryl, etc.) to my child. (If you do not want your child to receive these types of medications, you must report it in writing.)

I consent that, as a health measure, the hair of all children will be inspected to prevent epidemics of lice.

I promise that if my child has any of the following symptoms, he or she will remain at home until they disappear and can be reintegrated into the Program and shared with other children; Fever, sore throat, persistent cough, rash, pedicles, contagious infections and/or any other similar symptoms.

ADVERTISING AND PROMOTION

I authorize the Management of Fun Beach Summer Camp to use photos and videos of my child taken in the different activities with educational promotion purposes, website and Facebook of the Fun Beach Summer Camp, Casa Cuba and / or official archive of the camp.

I certify that my child does not suffer from any physical and/or mental condition and disability that prevents him or her from enjoying the scheduled activities.

Signature of parent or legal tutor

Date

THIS IS THE OFFICIAL MEDICAL CERTIFICARE REQUIRED TO PARTICIPATE IN FUN BEACH SUMMER CAMP 2026

Camp ID #		MEDICAL CERTIFICATE			
		FUN BEACH SUMMER CAMP 2026			
Participant's Name		Phone	Club member #	Sex	Birth Date
Parent / Tutor Name			Extended Program	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
Date he/she started camp			Indicate any accidents or operations		
Please indicate what special activities should be restricted?					
			Does the child have any chronic or recurrent disease? Explain:		

Health conditions of the participants:(check with sign of collating all that apply) Indicate the date on which you received the immunization.

Suffering	Yes	No	Suffering	Si	No	Immunizations	Date
Rheumatic fever			Hay fever				
Sinusitis			Ear infection				
Frequent dizziness			Allergies				
Frequent seizures			-insect bits				
Frequent colds			-Penicilin				
Asthma			-Other drugs and/or				
Cramping			-Food				
Constipation							

WE WILL NOT ACCEPT APPLICATIONS WITHOUT EVALUATION AND CERTIFICATION OF A LICENSED PHYSICIAN

I certify to have examined the participant mentioned above who I find in adequate physical condition to participate in the Fun Beach Summer Camp.

Full Name	Doctor's Signature

License Number	Phone Number	Date

Note: In the event of omission of information regarding the state of health of the participant, the parent will be responsible for any situation that may arise during the development of the program.