

DATE _____ / _____ / 2022
 day month

SPORTS PROGRAM REGISTRATION



PICTURE
2x2

ID# _____ Member# _____

Program 9-1pm Extended Program until 5pm

NAME _____

LAST NAMES _____

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

¿Any siblings in the program? 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 _____

Email for important announcements: _____

¿How did you find out about us? _____

- PARA USO DE LA OFICINA
- TARJETA LIDER
 - VACUNAS
 - 2 FOTOS
 - CERT. MÉDICO
 - REGLAMENTO
 - COMPROMISO

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

Name: _____ Relationship _____

Phone number: _____ Cell phone: _____

Select ONLY the weeks you paid for **Sports Program 9am – 1pm:**

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6
(Mayo 30th-June 3rd) (June 6th-June 10th) (June 13th-June 17th)(June 20th-June 24th) (June 27th-July 1st) (July 4th-July 8th)

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

Select ONLY the weeks you paid for **Extended Recreational Program 9am – 5pm:**

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6
(Mayo 30th-June 3rd) (June 6th-June 10th) (June 13th-June 17th)(June 20th-June 24th) (June 27th-July 1st) (July 4th-July 8th)

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.

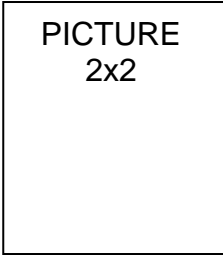
I _____ (block letters), legal guardian of the minor whose name appears in this form, authorize him/her to participate in the Sport Program in accordance with the regulations and that I have examined the information and documents provided and therefore confirm that these are true and precise.

Signature _____ Date _____

RECEIVED BY:

STAFF CC SUMMER SPORTS & FUN

COUNSELOR COPY



ID# _____

Program 9-1pm

Extended Program until 5pm

NAME _____

LAST NAMES _____

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

¿Any siblings in the program? 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 ONLY the weeks you paid for **Sports Program 9am – 1pm:**

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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 8:00am 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 8:00am. The parent or manager must leave the club at the time of starting the activities. The presence of parents is not allowed in the camp area, please spare us the penalty of asking you to evict. Note: We provide access to parking from 8:00am to 9:00am so that participants can enter to drop off.

3. TARDIES

If the participant arrives after 8:30am, the parent or guardian must appear with the child in the lobby of the club and wait for the coordinator to assist him or her and be able to join his or her group. This allows us to have control of attendance and safety of children.

4. DELIVERY OF PARTICIPANTS

The Staff will deliver the participant from 1:00pm to 1:30pm and from 5:00pm to 5:30pm depending on the program chosen. If you arrive before this departure time you must wait in the "Lobby" of the club 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.

5. PICK UP OF PARTICIPANTS

They will be delivered between 1:00 and 1:30pm and between 4:00 and 4:30pm respectively. If minors are not picked up within those hours, they will remain in the reception area and the parent or guardian will be charged the amount of \$20 at the time of pickup. The Cuban Circle of PR, the organizers, employees, their directors and / or staff, are not responsible for children after the delivery time.

6. USE OF CELL PHONES

The use of cell phones is NOT allowed in the camp. These devices must remain in the participant's package. 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.

- a. 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 administration of the sports program (Circulo Cubano de PR), its directors and staff (leaders, technicians, and assistants etc.) are not responsible for the toys brought to the camp. PARTICIPATION OF SPORTS AND GAMES This is voluntary. Children will be encouraged to participate in the different activities and/or depo

7. PARTICIPATION OF SPORTS AND GAMES

This is voluntary. Children will be encouraged to participate in the different activities and/or sports but will not be forced. However, you will be required to remain in the area where your 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

Casa Cuba Summer Sports & Fun is governed by disciplinary rules. When broken by the participant, you must stick to the following steps (depending on the severity of the fault):

- a. Letter of reprimand to parents and/or guardians (warning card).
- b. Temporary suspension of the participant.
- c. Definitive suspension of the participant. **THERE WILL BE NO MONEY BACK**

10. DRESS

The participant 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 child must bring in his backpack: his bathing suit, a towel, sunscreen, snack and a change of clothes, for any emergency. All your 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

The Cuban Circle of Puerto Rico, Casa Cuba Summer Sports & Fun, its Directors and the Staff **are NOT RESPONSIBLE for** the lost or forgotten belongings of the participant.

THE PARENT OR 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.

(CHILD'S NAME)

TUITION REIMBURSEMENT

I accept that the duration and cost of the Casa Cuba Summer Sports & Fun 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 Program 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 Program, WITHOUT TUITION REIMBURSEMENT.

MEDICAL SERVICES

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

I authorize the nurse of the Casa Cuba Summer Sports & Fun to administer the prescription drugs, which the father, mother or manager 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 an epidemic of pedicles (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 Casa Cuba Summer Sports & Fun 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

Camp ID #		MEDICAL CERTIFICATE "CC SUMMER SPORTS & FUN 2022"			ADMISSION FORM		
Participant's Name		Phone	Club member #	Sex	Counselor _____ Group _____		
Address		After Camp			Yes	No	
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 conditions to participate in the CC Summer Sports & Fun.							
Full Name				Doctor's Signature			
License Number		Phone Number			Date		
Note: In the event of omission of information with regard to the state of health of the participant, the parent will be responsible for any situation that may arise during the development of the sport program.							