



FUN-TASTIC JUMP CAMP REGISTRATION FORM

786-233-8381 & 12395 SW 130th STREET #1111, 33186

EACH CHILD MUST HAVE A PARENT/GUARDIAN FILL OUT A WAIVER ONLINE OR IN PERSON.

Child Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City/State: _____ Zip Code: _____ Cell Number: _____

Email Address: _____

Emergency Contact and Relation: _____

Emergency Contact Number: _____

Release Authorization Person for Pick Up: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD:

Allergies: _____

Disability: _____

Medical Conditions: _____

Dietary Restrictions: _____

Please choose your weeks & or day(s) your child will be participating in our Jump Day Camp (please note you can change the week or day(s) & will be charged the rate difference)

WEEK 8/10 – 8/14 WEEK 8/17 – 8/21 WEEK 8/24 – 8/28

\$120= HALF DAY WEEKLY RATE
8am - 12pm OR 12pm- 4pm \$160= FULL DAY WEEKLY RATE
8am - 4pm

WEEKLY FEE, PLEASE CHECK IF NEEDED:

\$15= EARLY DROP OFF (7:30am-8am) \$25= LATE PICK UP (4pm-6pm)

LIST AUGUST DATES: _____

\$30= HALF DAY RATE \$50= FULL DAY RATE

Monday Tuesday Wednesday Thursday Friday

CAMP REGISTRATION: Each Camper- 3 Jump Socks (NON-REFUNDABLE)

\$35 CAMP WEEK REGISTRATION \$20 CAMP DAY REGISTRATION

- Campers need to bring face masks, lunch, snacks & a refillable water bottle.
- Temperatures will be taken at entry & no child with 100 degrees+ can stay at Park.

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE



MEDICAL INFORMATION SHEET:

Child's Name: _____ Date of Birth: _____

Gender: _____ Age of Child: _____

Address: _____

Name(s) of Parent Guardian: _____

Home Phone #: _____ Cell #: _____

Place of Work: _____ Work #: _____

EMERGENCY PURPOSES:

Name and Telephone number of another person(s) that could be contacted in an emergency:

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Any known medical problems or allergies? _____

Any special needs? _____

Any additional information? _____

MEDICAL CONSENT:

I do consent to any medical treatment necessary during the camp program.

I, _____ being the parent/guardian of the above named child authorize Trampoline High staff to sign any written consent from required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Signature: _____ Date: _____



CAMPER PROFILE INFORMATION

CAMPER NAME: _____ AGE: _____

SCHOOL: _____ 2020 GRADE: _____

DO YOU WANT SUMMER LEARNING HELP? _____ YES _____ NO

***CAMPERS NEED TO BRING THEIR LAPTOP OR TABLET, HEADPHONES, BOOK, OR PROJECT WITH THEM FOR OUR SUMMER LEARNING SESSIONS.**

NEED HELP? CHECK ALL THAT APPLY:

SUMMER PACKET: _____

SUMMER PROJECT: _____

SUMMER READING BOOK: _____

READING ONLINE PROGRAM: _____

USERNAME: _____ PASSWORD: _____

MATH ONLINE PROGRAM: _____

USERNAME: _____ PASSWORD: _____

OTHER ONLINE PROGRAM: _____

USERNAME: _____ PASSWORD: _____

ANYTHING WE SHOULD KNOW ABOUT YOUR CAMPER: _____
