



FUN-TASTIC JUMP CAMP REGISTRATION

786-233-8381 / 12395 SW 130th STREET #111, 33186

EMAIL FORM TO: michelle@trampolinehigh.com

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 select Half Day Camp or Full Day Camp:

\$35= HALF DAY RATE
9am - 1pm OR 1pm-5pm

\$50= FULL DAY RATE
8am - 5pm

PLEASE CHECK IF NEEDED:

\$10= EARLY DROP OFF (7:30am-9am)

\$10= LATE PICK UP (5pm – 6pm)

EACH STUDENT RECEIVES 1 JUMP SOCK, LUNCH, SNACK, JUICE.

- Campers need to bring facial coverings & a refillable water bottle.
- Temperatures will be taken at entry & no child with 100 degrees+ can stay at the 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: _____