



SPRING BREAK FUN-TASTIC 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 Name 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 CHECK HALF DAY OR FULL DAY CAMP ALONG WITH YOUR DATES & CIRCLE YOUR TIMES:

- | | |
|--|--|
| <input type="checkbox"/> \$25= HALF DAY RATE | <input type="checkbox"/> \$40= FULL DAY RATE |
| <input type="checkbox"/> \$120= HALF DAY WEEK (6 DAYS) | <input type="checkbox"/> \$180= FULL DAY WEEK (6 DAYS) |
| 8am - 12pm OR 9am - 1pm | 8am - 5pm OR 9pm-6pm |
| 12pm - 4pm OR 1pm - 5pm | |

FRI 3/26 _____ MON 3/29 _____ TUE 3/30 _____ WED 3/31 _____ THUR 4/1 _____ FRI 4/2 _____

PLEASE CHECK IF NEEDED:

- ☐ \$5= EARLY DROP OFF (7:30am-8am) WHAT DAYS: _____
- ☐ \$5= Lunch 2 Pizza Slices, Snack, & Juice WHAT DAYS: _____

- Each camper gets jump socks.
- Campers need to wear facial covering & bring **a refillable water bottle.**
- Temperatures will be taken upon entry; child with 100 degrees+ will not be able to stay.

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE