



CAMP ROIG 2010

8000 SW 112 Street
Miami, FL 33156
305 235-1313

Part time 9am-12pm Full time 9am-3pm Before School Care/7:30 After School Care/6pm

Student Name _____ Parent's Name _____

Address _____ City _____ State _____ Zip Code _____

Work Ph. () _____ Home () _____ Cell () _____

Email: _____ Date of Birth _____ Age _____

Emergency Contact Information:

In case parent cannot be reached please contact:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

List any known allergies: _____

Physician's Name _____ Phone _____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ATTENDING CAMP ROIG at The Roig Academy.

Parent Signature _____

Who can we thank for referring you? _____

PROMOTIONAL/MEDIA RELEASE: During the summer, The Roig Academy, Inc. may reproduce or participate in videotape, motion picture, audio recording, or still photography that involves the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by Roig Academy, Inc. and may be copied, copyrighted, edited and distributed by Roig Academy. News media, including representatives of school publications, television, radio, newspapers, magazines, and websites often are permitted on school property and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or featured stories by print, television or radio media. You have the right to consent or object to the use of your child's voice name, picture or voice in these productions and may do so by checking your preference.

Please initial Media Release: Consent (_____) Object (_____)

- Week 1 June 14th Week 4 July 6th Week 8 Aug 2nd
- Week 2 June 21st Week 5 July 12th Week 9 Aug 9th
- Week 2 June 28th Week 6 July 19th Week 10 Aug 16th (3 days)
- Week 7 July 26th

Lunch Program - \$65.00 per month or/ \$18.00 per week

Registration fee of \$80.00 is non-refundable (please initial) _____

Authorization for pick-up:

1. _____ Date: _____ Signature: _____

2. _____ Date: _____ Signature: _____

3. _____ Date: _____ Signature: _____