

City of Wilton Manors
Leisure Services Department
2020 Wilton Drive, Wilton Manors, FL 33305
954-390-2130



Life's Just Better Here

Food and Nutrition Policy: I give my child permission to participate in food-related activities, such as special occasions and learning activities, which include food consumption. The information or menu will be provided on the monthly calendar. If my child has specific allergies, **I will inform the program in writing.**

Signature of Parent / Guardian: _____

Date: _____

Late Fee Policy: I understand that late fees will be charged at \$20.00 per every 15 minutes, if my child is not picked up on time and all fees must be paid in full before my child returns to the program. Failure to pay by the deadline will result in a \$5.00 per day late fee and dismissal from the program.

Signature of Parent / Guardian: _____

Date: _____

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent / Guardian: _____

Date: _____

RELEASE OF LIABILITY AGREEMENT

In consideration of the privilege of being allowed to take part in the City of Wilton Manors' "City's" Program, use the equipment and the facilities of the City, ride in the motor vehicles provided by the City and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and on behalf of the minor child named below do hereby agree to indemnify and hold harmless the City of Wilton Manors, its trustees, elected and appointed officials, agents, servants, volunteers and employees from and against all claims, demands, causes of action or whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but not limited to, attorneys' fees arising out of, occurring during or relating to the use of equipment, facilities, motor vehicles of participation in City's Program. I understand the physical requirements of participation in these activities and affirm that my child meets these requirements. I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the care of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to my child or damage to my property.

MUST BE SIGNED - PARENT / GUARDIAN PERMISSION AND LIABILITY RELEASE FORM

I, _____ (Print name of parent/guardian) certify that I signed the City of Wilton Manors release of liability form on _____ (Date) for my child or ward, _____ (Name of child) to go on the following field trips and participate in the activities set by those specific locations. By signing the lines below I am giving permission for my child/ward to go to and participate in the Wilton Manors Winter Camp, Spring Camp and School Day's Out Program(s) off site Field Trips. You understand the activities involved and give permission for your child/ward to participate and will not hold the City of Wilton Manors responsible for any liability whether or not caused by the negligence of personnel or by the failure of the equipment, machine, used at any of the facilities that were mentioned above.

Parent/Guardian Signature

Print Name / Date

Parent Phone #

Emergency #

