

Summer Camp 2026 - Rainforest Falls

For Children Pre 3 & 4 yrs through 3rd Grade (Completed May 2026)

Registration and Waiver Release Form

\$200 for one child --- \$375 for two - Bring your own lunch

Start Date: Monday, July 13 - Friday, July 17, 2026

Time: 9:00 am to 4:00 pm

Location: Franciscan Center Tampa

3010 North Perry Avenue

Tampa, FL 33603

(813) 299-2695

Email or return form by June 29, 2026



Please complete one form for each child in the family participating in the Summer Camp.

Child's Name (Last, First)	Birthdate	Last Grade Completed

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Parent email address(es) _____

LIABILITY RELEASE: In consideration of THE FRANCISCAN CENTER TAMPA allowing the above child(ren) to participate in SUMMER CAMP Rainforest Falls activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless THE FRANCISCAN CENTER TAMPA, its directors, employees, volunteers, and agents (collectively herein the "CENTER") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in SUMMER CAMP Rainforest Falls. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), for transportation to and from the SUMMER CAMP location to the TBA field trip, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless THE FRANCISCAN CENTER TAMPA, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I DO / DO NOT (please circle one) give my consent to THE FRANCISCAN CENTER TAMPA to use photo or video images taken of my child(ren) in Center brochures, advertisements for the Center, on the website, in social media, and in other Center publications as they see fit. I agree to hold harmless THE FRANCISCAN CENTER TAMPA from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at THE FRANCISCAN CENTER TAMPA's Summer Camp. **None of the photos will be for personal use.**

ON-CAMPUS ACTIVITIES & FIELD TRIP PERMISSION:

I hereby give permission for my child(ren) to participate in Summer Camp activities at THE FRANCISCAN CENTER TAMPA and a one-day field trip to TBA the week of July 13, 2026 to July 17, 2026 from 9 am to 4 pm.

Parent/Guardian Signature _____ **Date** _____

PLEASE COMPLETE FORM ON THE OTHER SIDE



All information will remain confidential to Franciscan Center staff.

Child's Name _____ Medical Insurance YES ___ NO ___

Insurance Company _____ Policy/Group ID# _____

Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____

Parent/Guardian phone number(s) _____

Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:

Name _____

Phone _____

People authorized to pick up my child _____

Please return all completed Registration/Permission/Waiver forms by June 29, 2026 to:

THE FRANCISCAN CENTER TAMPA

3010 North Perry Avenue

Tampa, FL 33603

Or email to Lily Hughson at:

lily@franciscancentertampa.org

For more information contact Lily at (813) 229-2695 Ext. 102