



Parks & Recreation

Camp Tamarac

June 15 – July 31, 2026

Registration Packet pick up available on March 16th

Residents: Mail-in registration or drop off begins March 23, 2026

Non-residents: Mail-in registration or drop off begins March 30, 2026

CAMP FEE FOR CURRENT KINDERGARTENERS TO 5TH GRADERS ONLY:

1 ST Child/ Resident \$741	Non-Resident \$889
2 ND Child/ Resident \$667	Non-Resident \$800

Camp Hours: 7:30 a.m. – 6:00 p.m.

Kindergarten-5th grade

ALL campers must be dropped off to the center no later 8:45 a.m.

7 WEEKS OF FUN AND SUPERVISED ACTIVITIES!

ONE LOW PRICE INCLUDES 7 EXCITING WEEKS OF CAMP

1 FIELD TRIP PER WEEK

1 CAMP T-SHIRT (included in the camp fee)

Completion of Kindergarten by June 2, 2026

(Copy of birth certificate required)

Pick up packets at Tamarac Recreation Center, 7501 N. University Drive

Or

Tamarac Community Center, 8601 Commercial Blvd.

9:00 a.m.-6:00 p.m. (Mon-Fri) **No Camp on June 19 or July 4**

All campers will be at the Recreation Center site.

For more information, please call 954-597-3620



**SUMMER CAMP
PAYMENT FORM
June 15 – July 31, 2026**

NO REFUNDS AFTER MAY 30, 2026

PLEASE PRINT CHILD'S NAME	M/F	AGE	<u>Lives with (circle one):</u> Mom Dad Both
	(circle one)		
PLEASE PRINT 2 nd CHILD'S NAME	M/F	AGE	Mom Dad Both
	(circle one)		
PLEASE PRINT 3 rd CHILD'S NAME	M/F	AGE	Mom Dad Both
	(circle one)		

PLEASE PRINT PARENT'S NAMES _____

Email: _____

Is your child attending Summer School? Yes No
Which Child(ren)? _____

Does your child(ren) have special needs we should be aware of? If so, please explain.

CAMP FEE (Currently in K–5th grade)- Proof of residency required.

1 ST Child/ Resident \$741	Non-resident \$889	\$ _____
2 nd Child/ Resident \$667	Non-resident \$800	\$ _____
3 rd Child/ Resident \$667	Non-resident \$800	\$ _____

SHIRT ORDER:

1 shirt per child will be included in the camp fee.
 Additional shirts are available for \$10 per shirt
(All campers must wear a camp shirt on field trips)

Please put the number of shirts requested in the box with the correct size shirt.

Please order the correct size for your camper.

Shirts may not be exchanged for size once ordered.

CHILD'S NAME	Youth Md. 10-12	Youth Lg. 14-16	Youth XL (Adult Sm.)	Adult Med.	Adult Lg.	Adult XL	Adult XXL

of extra shirts _____ x \$10 each = _____

TOTAL (Camp fee plus extra shirts): _____



**SUMMER CAMP
PAYMENT FORM
June 15 – July 31, 2026**

NO REFUNDS AFTER MAY 30, 2026

FORM OF PAYMENT:

Check #: _____ OR Circle one: Visa MasterCard Discover Amex

*Credit Card #: _____

*Expiration date: _____

*Billing Zip Code for Card Account _____

***Required for all credit card transactions**

Signature: _____ Date: _____

Email: _____

Include this *entire payment form*, the Camp Tamarac Registration form for EACH child, including proof of residency, copies of birth certificates and mail or drop off all payments to:

**City of Tamarac
Parks and Recreation Department
SUMMER CAMP REGISTRATION
8601 W. Commercial Blvd.
Tamarac, FL 33351**

INTERNAL USE ONLY:

Staff initials _____

Amount Pd. _____



Camp Tamarac Registration - PLEASE PRINT

CAMPER'S NAME _____

(First) (Last)

ADDRESS _____ ZIP _____

EMAIL _____ CODE WORD _____

HOME PHONE _____ AGE _____ DOB _____ CURRENT GRADE _____

PARENT/LEGAL GUARDIAN'S NAME _____ WORK PHONE _____

RELATIONSHIP TO CHILD (CIRCLE ONE): MOTHER FATHER COURT APPOINTED LEGAL GUARDIAN

PARENT/LEGAL GUARDIAN'S NAME _____ WORK PHONE _____

RELATIONSHIP TO CHILD (CIRCLE ONE): MOTHER FATHER COURT APPOINTED LEGAL GUARDIAN

PERSONS AUTHORIZED TO PICK UP CHILD (EMERGENCY NAMES AND INFO)

PARENT/LEGAL GUARDIAN YES ___ NO ___ (LIST NAMES BELOW)

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

ANY PERTINENT INFORMATION (ALLERGIES, MEDICATIONS, BEHAVIORAL, VISION, HEARING, MOBILITY, ETC.) _____

Notice

The City of Tamarac Parks and Recreation Department, in compliance with the American Disabilities Act (ADA), requires that all participants in the program must contact the Department before the program begins in order to allow time for the evaluation of and preparation for any required accommodation of a camper's needs.

Does your child have either of the following: IEP (Individual Education Plan) _____ or 504 PLAN _____. If so please explain and provide a copy:

If you completed the above section, please contact the Parks and Recreation Department prior to the start of the program to meet and evaluate whether and to what extent reasonable accommodations can be made.

PARENT/LEGAL GUARDIAN (PRINT)

SIGNATURE PARENT/LEGAL GUARDIAN



**SUMMER CAMP
POLICIES & WAIVER
June 15 – July 31, 2026**

LATE FEE POLICY

The program ends each day at 6:00 p.m. A late pickup fee of \$5 will be assessed for every 5 minutes your child remains on site after 6:00 p.m. This fee must be paid in cash or by check at pickup.

BEHAVIOR POLICY

I understand that if my child disrupts the program's daily operations or becomes a disciplinary problem, he/she will be asked to withdraw from the program without a refund.

WAIVER OF LIABILITY, RELEASE AND ASSUMPTION OF RISKS

ASSUMPTION OF RISKS: I acknowledge that I have voluntarily registered my child(ren) to participate in the Activity indicated above organized by The City of Tamarac I am aware that this Activity may cause injury, including but not limited to 1) minor injuries such as bruises and sprains, 2) serious health problems such as abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, 3) major injuries such as loss of sight, heart attack, stroke and concussions, and/or 4) catastrophic injuries including paralysis and death. I hereby accept any and all such risks of injury, health problems or death and consent to participate in the Activity indicated above.

WAIVER AND RELEASE: In consideration for being permitted by the City of Tamarac to participate in all Summer Camp Activities and participation in off-site field trips. I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against, sue, or attach the property of the City of Tamarac any of its affiliated organizations, owners, directors, officers, employees, contractors, agents or representatives the City of Tamarac for any injury, damage or death resulting from my participation in any Summer Camp activity or field trip or from the negligence or other acts or omissions, howsoever caused, of any of the City of Tamarac. I hereby release the City of Tamarac Parties from all actions, claims or demands that I, my assignees, heirs, distribute, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the Activity or use of the Facilities.

INDEMNIFICATION: In addition, I will INDEMNIFY and HOLD HARMLESS the City of Tamarac from all liability for any loss, damage, or injury to persons or property arising from or relating to my use of the Facilities or participation in the Activity, including without limitation attorneys' fees, expenses and all consequential damages, whether or not resulting from the negligence of any of the City of Tamarac Parties.

SEVERABILITY; VENUE: If any term of this Waiver is held to be invalid or unenforceable, the remainder shall remain valid and enforceable to the fullest extent permitted by law. All disputes arising out of this Waiver shall be subject to the exclusive jurisdiction and venue of the courts of Broward County, Florida or the Southern District of Florida.

IMAGE, VOICE AND PHOTOGRAPH RELEASE FORM: I grant permission to use my and/or my child's photograph, image, or voice in any official City of Tamarac publicity pieces. Publicity includes, but is not limited to, news releases, publications, videos, social media, and web use.

ACKNOWLEDGEMENT: This is to acknowledge that I/we, the undersigned parent(s) or legal guardian(s) have given my child permission to join in any and all activities, events, or field trips planned during the City of Tamarac's Parks and Recreation Summer Camp Program.

I recognize that an injury may be sustained. In the event of such an injury to my child and none of the parents or legal guardians can be contacted, I give permission to the attending physician to render such treatment that would be appropriate under the circumstances and agree to pay the usual charges for such treatment. I hereby indemnify, release and discharge the City of Tamarac, its officers, employees, agents and assigns from every claim of liability, personal injury or damage of any kind sustained by my child caused by or having any relation to any activity run by the City Tamarac's Parks and Recreation Summer Camp Program. I understand this release applies to any present or future injuries and that it binds my heirs, executives and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of existence.

Print Name of Minor Child

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (Print)

Date

2026 CAMP TAMARAC FIELD TRIPS

MIAMI MARLINS GAME

PARAGON THEATERS

STRIKERS BOWLING

OPERATION READ

DAVE & BUSTERS

ALTITUDE

YOUNG AT ART MUSEUM

XTREME ACTION PARK

CAPORELLA AQUATIC CENTER

PARADISE COVE

AND MANY MORE!