



IMPORTANT NOTICE

REGISTRATION AT SLAM MIAMI FOR ALL PARENTS/GUARDIANS:

Wednesday, May 22nd, 2024

Parents who do not have the mandatory required documents, the application will not be reviewed, and will be returned.

Registration Information

**Place: SLAM Miami
542 N.W. 12 Ave,
Miami, FL 33136
Slam 2 Cafeteria**

Date: Wednesday, May 22nd, 2024

Time: 4:00pm – 6:00pm

NO EXCEPTIONS! STRICTLY ENFORCED!!

DOCUMENTS REQUIRED TO BE TURNED IN

- Filled Application
- Emergency Contact Form
- Kiwanis Liability Waiver
- Copy of 2023 Taxes
- Copy of Birth Certificate
- Intake Form + accompanying documents *

If the required documents are not received, the child will not be allowed in the camp.

Kiwanis of Little Havana Office
1400 S.W. 1st Street Miami, 33135, 10AM – 4PM.



Kiwanis of Little Havana Foundation
 Healthy Kids Summer Camp
Ages 7 - 13
June 10th to August 2th, 2024
 542 NW 12th Ave, Miami, FL 33136
 at
 SAM!



Member Initials: _____

Father/Guardian Name: _____

Mother/Guardian Name: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

The family will be on vacation the following days: _____

Total Gross Family Income \$ _____

1. Name of Child: _____

Age: _____ Date of Birth: _____

School: _____

Medical History: _____

Will the child attend Summer School? YES NO

Please mark the child's shirt size:

Youth size: S M L

Adult Size: S M L



Has the child attended this summer camp before? YES NO

If yes, how many times? _____

2. Name of Child: _____

Age: _____ Date of Birth: _____

School: _____

Medical History: _____

Will the child attend Summer School? YES NO

Please mark the child's shirt size:

Youth size: S M L

Adult Size: S M L



Has the child attended this summer camp before? ___ YES ___ NO

If yes, how many times? _____

3. Name of Child: _____

Age: _____ Date of Birth: _____

School: _____

Medical History: _____

Will the child attend Summer School? ___ YES ___ NO

Please mark the child's shirt size:

Youth size: S M L

Adult Size: S M L



Has the child attended this summer camp before? ___ YES ___ NO

If yes, how many times? _____

4. Name of Child: _____

Age: _____ Date of Birth: _____

School: _____

Medical History: _____

Will the child attend Summer School? ___ YES ___ NO

Please mark the child's shirt size:

Youth size: S M L

Adult Size: S M L



Has the child attended this summer camp before? ___ YES ___ NO

If yes, how many times? _____

We, _____, _____ certify that we are the parents/guardian of the children stated on this form authorize our children/child to participate in the Kiwanis of Little Havana Foundation and we forever indemnify and release the Kiwanis of Little Havana Foundation and any individuals or entities associated or subcontracting with the sports camp from any liability for any and all injury and/or sickness suffered by our children/child arising out of his/her participation in this program. The Camp Directors reserve the right to suspend or expel any campers for any reason they should see fit.

Signature of Father/Guardian

Date

Signature of Mother/Guardian



**KIWANIS OF LITTLE HAVANA FOUNDATION
HEALTHY KIDS SUMMER CAMP 2024**

EMERGENCY CONTACT FORM

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ ZIP CODE: _____

CELL PHONE: _____ WORK #: _____

EMAIL: _____

1. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

2. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

3. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

4. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

**IN CASE OF EMERGENCY CONTACT THE FOLLOWING
AUTHORIZED PERSONS**

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Parent/Guardian Signature

Print Full Name

Date



**KIWANIS OF LITTLE HAVANA FOUNDATION
HEALTHY KIDS SUMMER CAMP 2022**

SLAM Miami – 542 NW 12th Ave

June 10th - August 2th, 2024

8:00 AM – 4:00 PM

SUMMER CAMP INFORMATION

RULES & REGULATIONS

(Please read carefully & keep for frequent review)

1. Drop Off & Pick Up: Children will be allowed to be picked up **only** by authorized persons. Please fill out the names of the authorized persons to pick up your child from camp in the emergency contact form. **YOU MUST SIGN IN & SIGN OUT** your child daily. Any child not signed in/out will be assumed absent. 4pm pickup is strictly enforced. After 4pm, \$5 will be charged for every 30 minutes a child has not been picked up.
2. Field Trips: For your child to participate in the field trips, you **must sign** and immediately return the authorization form sent home with your child. Your child **will not** be able to participate in field trips without a signed authorization form. If you **do not** wish for your child to attend the field trip, **do not** send your child to camp on that day as there will be **no** supervision at the site on field trip days.
3. No Electronics: Mark your child's belongings with their name but know that the Kiwanis Healthy Kids Summer Camp Counselors will **NOT** be RESPONSIBLE FOR LOST ITEMS.
4. Uniforms: Campers must wear camp uniform daily and will **not** be admitted to camp without uniform. Shorts must be of appropriate length – NO DROPPED PANTS. No open toed shoes (sandals).
5. Discipline: Campers are expected to be respectful and behave well. He/she must show enthusiasm for the summer camp and good sportsmanship. He/she must follow all the rules of the counselors. The camp counselors reserve the right to suspend or expel a child for disciplinary reasons or repeated offenses.
6. Attendance: Campers must attend daily. Frequent absenteeism will result in termination. There is a wait list for children to attend camp who will be given the opportunity if your child is absent frequently. All vacation time must be communicated to your child's counselor before taking their time off.
7. Hours of Operations: Summer Camp will operate strictly from 8 a.m. to 4 p.m.



WAIVER AND RELEASE LIABILITY
KIWANIS OF LITTLE HAVANA HEALTHY
KIDS SUMMERCAMP
WAIVER AND RELEASE OF LIABILITY



Custodial Parent/Guardian: _____ Home Phone: _____

Home Address: _____

City/State/Postal Code: _____

1. Camper Name: _____ Birthdate: _____ Age at Camp: _____

2. Camper Name: _____ Birthdate: _____ Age at Camp: _____

3. Camper Name: _____ Birthdate: _____ Age at Camp: _____

4. Camper Name: _____ Birthdate: _____ Age at Camp: _____

This Waiver and Release of Liability; Indemnification and Hold Harmless Agreement (the "Agreement") contains important information and provides for the release of significant legal rights related to participation by the Camper/Participant identified above in the KIWANIS OF LITTLE HAVANA FOUNDATION HEALTHY KIDS SUMMER CAMP ("Summer Camp") operated by KIWANIS OF LITTLE HAVANA FOUNDATION in Miami, Florida. The term "Camper" or "Participant" refers to the participant in Summer Camp activities and includes children in participating in the Summer Camp Program. By executing this document the undersigned (i) agree to Camper's participation in the Summer Camp; (ii) acknowledge that Summer Camp involves a risk of injury or death to Camper; and (iii) agree to the limited release and indemnification provisions, all as more fully set forth below. The undersigned agree to all of this in exchange for KIWANIS OF LITTLE HAVANA FOUNDATION'S agreement to allow Camper to participate at no cost in the Summer Camp. This Agreement binds all parties who have executed this agreement, including the Camper/Participant, as well as Camper's Parent(s) and/or Legal Guardian(s).

PLEASE REVIEW THE PROVISIONS BELOW CAREFULLY AS THEY INCLUDE IMPORTANT DETAILED INFORMATION REGARDING THE PROVISIONS OF THIS DOCUMENT. (Write your initial on the line next to each point to indicate your understanding.)

- 1) Acknowledgement of Risk. Camper, Parent(s) and/or Legal Guardian(s) acknowledge and fully understand that there are inherent risks of serious injury or death associated with Summer Camp activities. Camper, Parent(s) and/or legal Guardian(s) further acknowledge that there may be other sources of risks at the Summer Camp which may include activities conducted away from the Summer Camp location ("Off-site Activities"). These may include trips to museums, amusement parks and other similar activities. The KIWANIS OF LITTLE HAVANA FOUNDATION may arrange for bus, van or private car

transportation to facilitate such activities and I authorize Camper's participation in such off-site activities, including transportation to and from such activities by whatever means are deemed reasonable and appropriate by the KIWANIS OF LITTLE HAVANA FOUNDATION.

- _____
- 2) **Camper Waiver of Rights and Release of Liability.** Camper, Parent(s) and/or Legal Guardian(s) hereby release, waive and discharge the KIWANIS OF LITTLE HAVANA FOUNDATION, its agents, employees, and volunteers from all loss damage, injury, or liability arising in connection the Summer Camp including all Summer Camp activities, use of Summer Camp facilities and equipment. This waiver extends to, but is not limited to those risks described in paragraph #1 above.
- _____
- 3) **Indemnification and Hold Harmless.** Camper, Parent(s) and/or Legal Guardian(s) further agree to indemnify and hold harmless the KIWANIS OF LITTLE HAVANA FOUNDATION, its agents, employees and volunteers, from and against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred by the indemnified parties in connection with any and all claims asserted against the KIWANIS OF LITTLE HAVANA FOUNDATION, its agents, employees or volunteers, brought by Camper, Parent(s) and/or Legal Guardian(s), and their respective heirs successors, assigns and legal representatives for any injury, illness, disease death, or damage to or loss of property, arising in connection with Summer Camp.
- _____
- 4) **Photographs and Audio/Digital Recordings.** Camper, Parent(s) and/or Legal Guardian(s) further grant to the KIWANIS OF LITTLE HAVANA FOUNDATION & KIWANIS CLUB OF LITTLE HAVANA the right to take photographs and audio/digital recordings of him or her while participating in any activities during the Summer Camp and authorizes the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION, its agents, employees and volunteers, to copyright, use and publish the photographs in print or electronically. The undersigned further agree that the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION may use such photographs for any lawful purpose including publicity, illustration, advertising, and website content and waive any right of compensation or ownership thereto. Your child's name or any other personal information will not be disclosed with the photograph.
- _____
- 5) **Miscellaneous.** The parties agree that the provisions of this Agreement shall be deemed severable and that the invalidity or unenforceability of any one or more of the provisions of clauses hereof shall not affect the validity and enforceability of the other provision or clauses hereof except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and

I CERTIFY THAT I HAVE READ THIS AGREEMENT AND THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT, AND THAT I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name

Participant's Signature

_____/_____/2024
Date Signed

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF PARTICIPATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and holds harmless the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION, from any and all liabilities incident to my minor child's involvement or participation in these events and activities associated with the KIWANIS CLUB OF LITTLE HAVANA & KIWANIS OF LITTLE HAVANA FOUNDATION HEALTH KIDS SUMMER CAMP.

Name of Parent/Guardian

Parent/Guardian Signature

_____/_____/2024
Date Signed

Emergency Phone Number: _____



Kiwanis of Little Havana Foundation

General Program Eligibility Intake Form

INSTRUCTIONS

To qualify for the KLHF programs/projects, you are required to provide updated information regarding your income, assets, deductions, and family circumstances. Please **carefully read** and complete the attached packet according to the following instructions:

1. Complete the attached Application for Initial Eligibility
 - Read each question carefully and provide an answer or the requested information.
 - Provide your family composition and answer **Yes** or **No** to each question.
 - Read the instructions carefully after you answer **Yes** to any question. Instructions can be found above or below the question.
2. You and all household members aged 18 and older **must sign** the following documents:
 - Page 4, Certification Statement, Authorization of Release of Information, and General Consent
3. Gather the following documents and present them to the KLHF Office.
IMPORTANT: All documents must be authentic, legible, and current.
 - Verification of Social Security numbers for all household members.
 - Birth Certificates for all household members receiving assistance.
 - Photo identification for adult labeled head of household.
 - Declaration of Citizenship Form (proof of eligible immigration status for eligible non-citizens)
 - Latest tax returns and/or two (2) current and consecutive paycheck stubs for all adult members that are employed.
 - Current Statement from all sources of income including but not limited to:
 - i. SSI, Social Security,
 - ii. TANF assistance, (food stamps, cash assistance, etc.)
 - iii. unemployment,
4. Submit eligibility packet to the KLHF office.
5. A KLHF staff member or volunteer will review your packet and documentation at the registration. If additional information is requested, please provide promptly to prevent processing delays. After you have been determined eligible for the program, you will receive an acceptance letter via email.
6. The information collected by this intake form is necessary for the Kiwanis of Little Havana Foundation to acquire funding for various sources.



Date: _____

Head of Household Name: _____

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip _____

Cell Phone: _____ Home Phone: _____ E-Mail: _____

Language Preference (You may select one): [] English [] Spanish Other: _____

- I. **FAMILY COMPOSITION:** List head of household first followed by the names of ALL persons who will live or are expected to live in the unit during the next 12 months where this will be their primary residence.
- Note 1:** For "Relation", please provide if you are the head of household's spouse, domestic partner, co-head, son, daughter, foster child/adult, live in aide or other adult.
- Note 2:** Use one of the following to designate your "Race": Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander or White.
- Note 3:** Use one of the following to designate your Education Level: Advanced Degree (Master's/Bachelor's), Associate degree/vocational school, High school graduate/GED, 8th grade or less, current student (indicate grade level).
- Note 4:** Use one of the following to designate your legal status: U.S Citizen, Lawful Permanent Resident, Alien asylum pending, Alien refugee, Alien paroled, Alien deportation withheld, Alien tourist visa, Alien no status.

1. Head of Household							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
							Self
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
Education		Nationality		Legal Status			

2. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:				Nationality			
Education							

3. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:				Nationality			
Education							

4. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number	
If member is over 18 and is a full-time student, list school name and address:				Nationality			
Education							



5. Household Member

Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation to Head
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>		Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security Number		Alien Registration Number		If member is over 18 and is a full-time student, list school name and address:			
Education				Nationality			

II. INCOME INFORMATION:

Earned income includes employment and wages of any kind (full-time, part time, seasonal, self-employment, temporary employment, or cash payments). If you work at a temp agency, list below and estimate your pay.

1. Does any household member receive earned income? Yes No

If yes, please complete the income section below for each household member that receives earned income.

VERIFICATION: Provide two (2) current and consecutive paystubs, a payroll print-out/summary, or employer letter (on letterhead) dated with 60 days; for self-employed, provide a copy of your most recent tax return (1040, 1040A) or a Profit and Loss statement dated within 60 days.

Household Member Name	Name and Full Address of Income Source	Phone Number /Fax Number	Pay Rate	Frequency*

II.a Other Income Information

You must report all sources of unearned income. Does any household member have income (such as those listed below)? If yes, check the appropriate box(es):

- Social Security, Supplemental Social Security, annuities, retirement payments, pension or veterans/disability/death benefits
- Unemployment and disability compensation, worker's compensation and/or severance pay
- Regular contributions or gifts received from organizations or persons not residing in the dwelling
- Armed Forces pay
- Student financial assistance that is more than tuition - not including any type of loan
- TANF - Cash Assistance and/or Food Assistance (circle one or both)
- Alimony and/or child support payments - Docket Number for Child Support Case(s): _____
- Rental income from owned home or real estate property

If yes, indicate the type, source and amount of income for each household member in the spaces below and submit statement(s) dated with the last 60 days for each source of income:



Household Member Name	Type of Income	Name and Full Address of Income Source	Phone Number	Amount (\$)	Frequency*

*Frequency Types:
 Hourly, Weekly, Bi-Weekly (every 2 weeks), Semi Monthly (fixed payment dates such as: 1st and 15th or 5th and 20th), Monthly, or Annually

III. CERTIFICATION STATEMENT, AUTHORIZATION OF RELEASE OF INFORMATION, AND GENERAL CONSENT

I certify and consent to the following:

- The information provided to Kiwanis of Little Havana Foundation regarding household composition, income, and immigration status is accurate and complete to the best of my knowledge and belief.
- I understand that this information will be used by the Kiwanis of Little Havana Foundation to verify my initial or continued eligibility and level of benefits.
- I understand that this information is protected by law and cannot be released/requested without my written consent unless otherwise provided by law. I further understand that this consent may be revoked by me, in writing at any time, except if the information has already been released or obtained.
- I hereby authorize and release my information to be used/released by the Kiwanis of Little Havana Foundation for purposes of acquiring funding from various sources.

 Head of Household (HOH) Name:

 Signature:

 Date:

 Spouse/Co-Head Name

 Signature

 Date

 Other Adult Household Member Name

 Signature

 Date

 Other Adult Household Member Name

 Signature

 Date

 Other Adult Household Member Name

 Signature

 Date

 Other Adult Household Member Name

 Signature

 Date