



## 2024 New Sibling Mini Canes Camp Enrollment Form

Email complete packet to [minicanescamp@miami.edu](mailto:minicanescamp@miami.edu)  
Completed enrollment packet includes:

- ☐ Recent Head Shot of Camper (Wallet Size)
- ☐ Enrollment Form

- Allow staff one full business day to review enrollment packet submissions.
- Once confirmed and notified you will have until end of registration period. Information will be communicated once confirmed.
- If incomplete enrollment packet is submitted, you will be notified and will have to re-submit all required information again.
- Spots are first come, first serve basis.

**Completed forms will not be collected until the registration date listed below.**

- **Returning Campers (New Siblings):** February 12

\*Enrollment packet is to be submitted via email only, no in person registration

**Mini Canes Recreational Sports Camp**  
University of Miami Herbert Wellness Center  
<https://minicanes.miami.edu>  
[Minicanescamp@miami.edu](mailto:Minicanescamp@miami.edu)  
305-284-8510



**2024 New Sibling Enrollment Form**  
**Mini Canes Recreational Sports Camp**  
**Department of Wellness and Recreation**

*For Staff Use Only*

Date Received \_\_\_\_\_

**General Camper Information**

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Last) (First)

Birth date: \_\_\_\_\_ Age (as of 9/1/2024) \_\_\_\_\_ Gender (select one): Male Female

Recent Head Shot of Camper  
Included

T-Shirt Size (please select):

Youth Small

Adult Small

Youth Medium

Adult Medium

Youth Large

Adult Large

Siblings attending Mini Canes Camp:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Referred to camp by: \_\_\_\_\_

**Parent Information**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Ph. # (\_\_\_\_) \_\_\_\_\_ Work Ph. # (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**Mother's Affiliation (select one)**      Alumni      Community (Non-Member)  
UM Staff      Wellness Center Member  
\_\_\_\_ BOT/Citizen Board

University ID# \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Ph. # (\_\_\_\_) \_\_\_\_\_ Work Ph. # (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**Father's Affiliation (select one)**      Alumni      Community (Non-Member)  
UM Staff      Wellness Center Member  
\_\_\_\_ BOT/Citizen Board

University ID# \_\_\_\_\_

**Who has child custody (select all that apply):**

Mother <sup>†</sup>

Other <sup>†</sup> (explain) \_\_\_\_\_

<sup>†</sup> MUST provide legal documentation

Father <sup>†</sup>

**In Case of Emergency, Contact:** (other than above)

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone # \_\_\_\_\_

**Approved to Pick-Up Camper:** (other than above & Emergency Contact)

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone # \_\_\_\_\_

**FULL PAYMENT MUST BE MADE AT TIME OF ENROLLMENT**

Camp is a tuition-for-service program based on confirmed enrollments and full payment. **Full payment is required at time of registration per session. Tuition is non-transferable to other sessions.** Enrollment forms will be processed as outlined on the camp website. It is the responsibility of the parent/guardian to inform the camp in writing of any changes.

I have read and understand the enrollment and cancellation policy. **PARENT OR GUARDIAN, YOUR SIGNATURE INDICATES UNDERSTANDING AND COMPLIANCE WITH CAMP POLICES OUTLINED IN PARENT CAMP HANDBOOK.**

Parent/Guardian Signature

Date

**FOR OFFICE USE ONLY**

Wait List	Session	Date	Method of Payment	Intl.	# of Camp Shirts Provided	Parents Initials
	<b>I</b>					
	<b>II</b>					
	<b>III</b>					
	<b>IV</b>					