



2026 New Sibling Mini Canes Camp Enrollment Form

Email complete packet to 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 9

*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
305-284-5433



2026 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: _____ (Last) _____ (First) _____ Nickname: _____

Birth date: _____ Age (as of 9/1/2026) _____ 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 _____

Father'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 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 † Other † (explain) _____
 † MUST provide legal documentation Father †

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

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

Name _____
 Relation _____ Phone # _____
 Name _____
 Relation _____ Phone # _____

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
	I					
	II					
	III					
	IV					