



2023 Mini Canes Camp Enrollment Packet

Email complete packet to minicanescamp@miami.edu
Completed enrollment packet includes:

- ☐ Original Birth Certificate
- ☐ Recent Head Shot of Camper (Wallet Size)
- ☐ Enrollment Form
- ☐ Health History 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.
- Failure to register during your initial period will require for you to resubmit all required paperwork during your next enrollment period.
- Spots are first come, first serve basis.

Completed packets will not be collected until the registration dates listed below.

- **Returning Campers (New Siblings):** February 13 – February 24
- **UM Affiliates* (New Campers):** March 6 – March 24 (Proof of Cane/Alumni card with C# along with another form of identification is required)
- **Outside Community*:** April 3 – until camp is full

*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
305-284-8510



2023 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 9/1/2023) _____ Gender (select one): Male Female

Camper Type: New Returning
(Select one)

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)

Name _____
Relation _____ Phone # _____

Name _____
Relation _____ Phone # _____

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

Name _____
Relation _____ Phone # _____

Name _____
Relation _____ Phone # _____

Please Make Appropriate Enrollment Selections:

	Wellness Members	Non- Members	Before Care	After Care	Total
Session I (June 12 - June 23)*	\$475	\$525	\$50	\$100	\$ _____
Session II (June 26 - July 7)*	\$475	\$525	\$50	\$100	\$ _____
Session III (July 10 - July 21)	\$475	\$525	\$50	\$100	\$ _____
Session IV (July 24- Aug 4)	\$475	\$525	\$50	\$100	\$ _____

*Closed June 19 and July 4th

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					

Mini Canes Recreational Sports Camp

2023 Health History Form

This is a health history record to be completed by the parent or guardian. Check special conditions and diseases your camper has encountered.

Camper Name: _____
(Print)

Diabetes

Epilepsy

Fainting

Chicken Pox

Mumps

Hearing Problems

Menstrual Cramps

Nosebleeds

Speech Problems

Braces/Retainer

Asthma

Special Diet

Contact Lenses/Glasses

Sleep Walking

Measles

Allergies (specify): _____

Behavior (specify): _____

Medications (specify): _____

HEALTH CERTIFICATION

This is to certify that my camper _____ is in good health and has my permission to participate in the Mini Canes Recreational Sports Camp at the University of Miami. **It is the responsibility of the parent/guardian to inform the camp in writing of any changes.** In case of an emergency, I understand that every effort will be made to contact the parent/guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the camp staff to hospitalize and secure proper treatment for my child, named above. I certify, in addition, that my child has not had any operations or serious illness between her/his health examination for camp and the opening of the camp session.

Signature of Parent/Guardian _____ Date _____

PHYSICAL EXAMINATION FORM

Campers must have this form completed by a U.S. licensed physician's office.

Camper's Name: _____

Date of Camper's Examination: _____

Codes: Satisfactory ☒ Not Satisfactory ☐ Not Examined ☐

Height: _____ Weight: _____ B.P.: _____

Appearance-Nutrition _____

Eyes _____

w/o glasses: R-20/____ L-20/____ w/glasses: R-20/____ L-20/____

Ears _____

Hearing _____ R _____ L _____

Nose _____

Throat _____

Teeth _____

Heart _____

Lungs _____

Abdomen _____

Genitalia _____

Hernia _____

Skin _____

Musculoskeletal _____

Urinalysis _____

Other Notes _____

IMMUNIZATION

Immunization	Year Primary Series Completed	Year of Last Booster
DTaP/DTP	_____	_____
DT	_____	_____
Td	_____	_____
Polio	_____	_____
Hib	_____	_____
MMR (Combined)	_____	_____
(Separate)	_____	_____
Rubeola (Measles)	_____	_____
Hepatitis B	_____	_____
	Type _____	
	Year Last Given _____	
	Result _____	

Physician's Comments and recommendations. Give details of management of significant illnesses.

This person is in satisfactory condition and may engage in all sports activities except as noted.

Physician _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Date _____

Florida certification of immunization form along with this health history form will be accepted. Any exemption of immunizations based on religious beliefs or practice must submit a fully completed DH 681 form issued by the state of Florida in order for the enrollment paperwork to be accepted. NO EXCEPTIONS.