DATE: _____

HYATT REGENCY
COCONUT POINT RESORT & SPA

Camp Hyatt Enrollment Form

Drop Off	Pick Up
Print Name _____	Print Name _____
Relationship _____	Relationship _____
Signature _____	Signature _____

Parent & Guardian Information

Parent/Guardian: _____

Room Number: _____

Phone Number(s)/Emergency Contact: _____

*Please keep the phone associated with this number on hand in case of emergency or potential contact.

Parent/Guardian location while child is in camp: _____

Others Authorized for Pick Up - ID Required at Pick Up

Full Name _____ Relationship _____

Full Name _____ Relationship _____

Child Information

1.) Child's Name _____ Age _____

2.) Child's Name _____ Age _____

3.) Child's Name _____ Age _____

4.) Child's Name _____ Age _____

5.) Child's Name _____ Age _____

→ **I authorize my child(ren) to participate in supervised water and pool activities: Yes ☐ No ☐**

Swim Ability: **Name of Child(ren):**

☐ Floatation Device Needed/Learning _____

☐ Fair/Beginner _____

☐ Strong Swimmer _____

Medical Information

Does your child have medical conditions or disabilities that we should be aware of? **Yes** ☐ **No** ☐ If yes, please list all:

Special Care Instructions:

Does your child have allergies that we should be aware of? **Yes** ☐ **No** ☐ If yes, please list all:

Special Care Instructions:

*Camp Hyatt staff do not administer routine medications. Parent-provided emergency medications (such as inhalers or EpiPens) may be administered in accordance with written parent instructions and applicable emergency protocols.

→ Camp Hyatt Participation Agreement

I acknowledge that participation in Camp Hyatt activities, including arts and crafts, indoor and outdoor recreation, field activities, and supervised pool activities, involves certain inherent risks that may result in injury, illness, or accident.

I voluntarily permit my child to participate in camp activities and certify that my child is physically able to participate unless otherwise disclosed on this form.

I understand that Camp Hyatt staff will provide reasonable supervision and safety measures during camp activities. I understand that failure to comply with camp rules or behavior expectations may result in dismissal from camp activities.

To the fullest extent permitted by Florida law, I release and hold harmless Hyatt Regency Coconut Point, Hyatt Corporation, and their employees, agents, and representatives from claims arising out of ordinary risks associated with participation in camp activities, except in cases of gross negligence or intentional misconduct.

Signature of Parent/Guardian: _____ **Date:** _____

→ Emergency Medical Authorization

In the event of illness, injury, or medical emergency involving my child while participating in Camp Hyatt activities, I authorize Camp Hyatt staff to provide basic first aid and to contact emergency medical services (911) if deemed necessary.

If I cannot be reached immediately, I authorize Camp Hyatt staff to obtain emergency medical treatment for my child, including transportation to the nearest appropriate medical facility, which may include Lee Health Coconut Point or another emergency medical provider as determined by emergency personnel.

I understand that every reasonable effort will be made to contact me or my designated emergency contacts as quickly as possible.

I accept financial responsibility for any medical treatment provided to my child.

Signature of Parent/Guardian: _____ **Date:** _____