

CITY OF PLANTATION - DEPARTMENT OF PARKS & RECREATION - PROGRAM REGISTRATION FORM

PROGRAM TITLE: _____ **PROGRAM DATES:** _____

PARTICIPANT INFORMATION Please print in ink and fill out completely. Have you registered for a recreation activity before? Yes / No

Parent/Legal Guardian's Name		Relationship to Child: Mother / Father / Court Appointed Legal Guardian	
Home Phone	Work Phone	Cell Phone	
Address	Apt #	City	
Email Address		State	Zip Code

Secondary Guardian's Name		Relationship to Child: Mother / Father / Court Appointed Legal Guardian	
Home Phone	Work Phone	Cell Phone	
Address	Apt #	City	
Email Address		State	Zip Code

Please note: Florida Public Records Law requires that all information-including email addresses-received in conjunction with City business be made available to anyone upon request, unless the information is subject to a specific statutory exemption.

REGISTRATION INFORMATION

1. Participant Name:	DOB:	Gender:	Fee:
Pertinent information (allergies, medication, behavioral):			

2. Participant Name:	DOB:	Gender:	Fee:
Pertinent information (allergies, medication, behavioral):			

3. Participant Name:	DOB:	Gender:	Fee:
Pertinent information (allergies, medication, behavioral):			

Persons authorized to pick up (please print):

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EMERGENCY CONTACT other than parent/guardian. To be contacted if parent/guardian listed above cannot be reached.

Emergency Contact Name	Relationship to Child	
Home Phone	Work Phone	Cell Phone

VIDEO / PHOTO CONSENT WAIVER & RELEASE

The City of Plantation often hosts activities and other events that may require taking pictures and developing photos for public media (such as internet web design, videos, newspapers, television & marketing publications). Please indicate below your consent for you or your child to be photographed, videotaped or interviewed.

I hereby **give consent** } for my child to be photographed, videotaped or interviewed for possible use in newspapers, magazines, television, radio
 I **do not** give consent } broadcasts, City websites & City publications.

Signature of Parent / Guardian

The waivers and payment information on the back of this form must be completed and submitted in order for a registration to be accepted.

NOTICE

The City of Plantation Department of Parks and Recreation, in compliance with the American Disabilities Act (ADA), Public Law #101-336, Section 202, requires that all participants in the program must contact the Department of Parks and Recreation before the program begins in order to allow time for the evaluation and preparation to accommodate those needs. Please check below in the appropriate place:

_____ A. This matter would not apply to our situation.

_____ B. This matter will apply to our situation; I will provide specific information to the Parks and Recreation Department prior to the start of program, and appreciate that it will take time for the City to evaluate whether and to what extent reasonable accommodations can be made.

Regardless of whether you have included or failed to include the telephone and name of said child's other parent or guardian, until a death certificate on such parent or a certified copy of a court order awarding exclusive custody to the parent registering such child is produced, the registering parent is herewith informed that the child shall be authorized to be picked up by the parent not named in said Registration Form upon proper picture identification being produced identifying said parent of said registered child. Please execute your understanding of the City's position in this regard.

I have read and understand the City's position concerning custody rights in the absence of a death certificate on one of the child's natural parents or a Court Order awarding custody to one of the child's natural parents. _____

Registering Parent / Legal Guardian

WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering your child or ward for participation in this program that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the program.

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which my minor child/ward or I may sustain as a result of participation in any and all activities connected with such program.

I agree to waive and relinquish all claims my minor/ward or I may have as a result of participating in the program against the City of Plantation and its officers, agents, servants and employees.

I hereby release and discharge the City of Plantation and its officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by my minor child or me arising out of, connected with, or in any way associated with negligent acts or omissions of me or my minor child.

In the event of an emergency, I authorize the City of Plantation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care, and agree that I will be responsible for payment of any and all medical services rendered, including transportation charges.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

Child(ren)/Ward's Name(s): _____

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION

Total Amount Due: _____

Payment Method:

_____ Cash

_____ Check or money order (Payable to the City of Plantation)

_____ Credit card (Visa / MasterCard / American Express)

Check #	Bank
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<i>Employee Initials:</i>	<i>Date:</i>
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