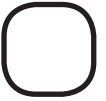




City of Coral Gables Parks and Recreation PROGRAM REGISTRATION FORM



For additional children participating, please complete a separate registration form.

PARTICIPANT INFORMATION

City of Coral Gables Resident
 Non-Resident
 Date of Birth _____

Name: _____
 Last First Current Grade

Address: _____
 No. & Street Apt#

 City State Zip

Contact: _____
 Cell Phone Other Phone E-Mail

Allergies, Medications, or Special Instructions: _____

For Emergencies Contact: _____
 Name Number Relationship

PARENT/ADULT LEGAL GUARDIAN INFORMATION (IF PARTICIPANT IS A MINOR)

Name: _____

Contact: _____
 Cell Phone Other Phone E-Mail

PROGRAM REGISTRATION

Program Name	Session	Signature	Date	Staff
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Form Continues on other side...

AUTHORIZED PICK-UP**CODE WORD:**

Main contact & additional emergency included unless checked

Code Word allows main contact only to make changes to paperwork.

Name**Number****Relationship**

ADA NOTICE

ADA Notice: The City welcomes individuals with disabilities. To request a modification to a policy, practice or procedure or to request an auxiliary aide or service (such as a sign language interpreter) in order to participate in a City program, activity or event, please contact the City's ADA Coordinator or the Director of the sponsoring department at least seven (7) days in advance where circumstances permit. ADA Coordinator may be reached by email: ada@coralgables.com, or by telephone: 305-722-8686 (voice) or 305-442-1600 (TTY/TDD).

RELEASE, WAIVER OF CLAIMS AND INDEMNIFICATION AND DEFENSE CLAUSE

I HAVE READ AND UNDERSTAND AND AGREE AS FOLLOWS: In consideration of participation in the activities and use of the facilities provided by the City of Coral Gables Parks and Recreation Division, I, for myself and for my heirs, personal representatives, executors, and assigns, and, if the participant is a minor child, for my minor child or ward and minor child's or ward's heirs, personal representatives, executors, and assigns do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my or my minor child's or ward's participation in activities or use of any facilities of the Parks and Recreation Division of the City of Coral Gables ("City"), and do hereby release, discharge, and covenant not to sue the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its officers, employees, attorneys, servants, agents, and volunteers for any reason, including any of the released parties' negligence, and I hereby personally agree to indemnify, hold harmless, and defend at my own expense and pay on behalf of, the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its employees, attorneys, servants, representatives, officers, agents, volunteers, and successors and assigns, from and against any and all claims, demands, liens, liabilities, judgments, losses, and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses, and attorney's fees, at trial and on appeal brought for, by or on behalf of myself, my minor child or ward against the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its employees, attorneys, servants, representatives, officers, agents, volunteers, and successors and assigns, arising out of or in connection with, in whole or in part, directly or indirectly, my and/or my minor's or ward's attendance and/or participation or use of any Facilities of the Parks and Recreation Department of the City.

Furthermore, I hereby acknowledge that participation in any physical activity may result in injury to my, my minor child's, or ward's body. By signing this registration form I hereby warrant and represent that I, on behalf of myself, or if the participant is a minor, my minor child or ward, have consulted a physician regarding participation in physical activity, and represent and warrant that I, my minor child, or ward am/are physically capable and mentally able to participate in the physical activity that I choose to engage in at any facilities of the Parks and Recreation Division of the City.

PHOTO AND VIDEO RELEASE: I hereby grant authorization to the City of Coral Gables to use photographs and video of myself and/or my minor or ward for publicity purposes.

ALLERGY DISCLOSURE: I hereby acknowledge that I, on behalf of myself, or if the participant is a minor, my minor child or ward, have disclosed any and all known life-threatening allergies.

Epinephrine Injector Waiver: I hereby acknowledge that I, on behalf of myself, or if the participant is a minor, my minor child or ward, have been prescribed an epinephrine injector and I or my minor child or ward is required to have the epinephrine injector on my person at all times while attending, participating, or using any facilities of the Parks and Recreation Division of the City. I agree to waive and release any and all liability for the City in the administration and use of the epinephrine injector. I agree to forever release and discharge the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its employees, attorneys, servants, representatives, officers, agents, volunteers, and successors and assigns, from and against any and all claims, demands, liens, liabilities, judgments, losses, and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses, and attorney's fees, at trial and on appeal brought for, by or on behalf of myself, my minor child or ward arising out of or resulting from any injury, disease, or death in the use, failure to use, or the administration of the Epinephrine injector. If my child or ward cannot administer the epinephrine injector themselves, I allow trained City staff to administer the epinephrine injector.

Signature: _____

Date: _____

 Self Parent Guardian