

# REGISTRATION FORM

REGISTER TODAY: Proof of residency is required each time you register for a sport or activity. Registration forms without proper proof of residency and a copy of birth certificate (if applicable) will not be accepted. Remember to apply multiple child discount to fees, if appropriate.

<input type="checkbox"/> Please contact me regarding youth athletics volunteer coaching opportunities.									
<b>PARTICIPANT INFORMATION</b> Please print in ink and fill out completely									
Have you registered for a recreation activity before? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Parent/Legal Guardian's Name <input type="text"/>									
Relationship to Participant <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Legal Guardian									
Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <input type="text"/>							
Street Address <input type="text"/>									
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>							
Email Address <input type="text"/>		<input type="checkbox"/> Yes, please use this email address to provide me with City of Sunrise program and event information. I understand that I can opt out of this service at any time.							
Secondary Guardian's Name <input type="text"/>									
Relationship to Participant <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Legal Guardian									
Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <input type="text"/>							
Street Address <input type="text"/>									
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>							
Email Address <input type="text"/>		<input type="checkbox"/> Yes, please use this email address to provide me with City of Sunrise program and event information. I understand that I can opt out of this service at any time.							
<b>PARTICIPANT NAME</b>		<b>DATE OF BIRTH</b>	<b>GRADE</b>	<b>AGE</b>	<b>SEX</b>	<b>ACTIVITY</b>	<b>ACTIVITY#</b>	<b>FEES</b>	
<b>FOR CAMP/DAYS OFF ONLY: AUTHORIZED PICK-UP PERSONS (Other than Legal Guardians)</b>									
Last Name <input type="text"/>	First Name <input type="text"/>	Cell Phone <input type="text"/>	Home Phone <input type="text"/>						
<b>EMERGENCY CONTACT (Other than parent/guardian. To be contacted in the event that parent/guardian listed above cannot be reached.)</b>									
Emergency Contact <input type="text"/>	Relationship to Participant <input type="text"/>								
Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <input type="text"/>							
Allergies or medications (specify which child) <input type="text"/>									
<b>CREDIT CARD / GIFT CARD PAYMENT</b>									
MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AmEx <input type="checkbox"/>		Exp. Date <input type="text"/>		/	Card # <input type="text"/>				
CVV # <input type="text"/>		Signature as it appears on the card <input type="text"/>							
<small>I agree to pay the above amounts listed as credit card charges according to credit card user agreements.</small>									
9-Digit Gift Card # <input type="text"/>				6-Digit Gift Card PIN (Letters & Numbers) <input type="text"/>					
<b>RELEASE INFORMATION &amp; REFUND POLICIES</b>									
<ul style="list-style-type: none"> <li>• The Release and Waiver on the back of this registration form must be completed and submitted in order for a registration to be accepted.</li> <li>• Refunds for one-day programs, Kids' Day Off, Mini Camps and Holiday Camps will only be granted if requested 24 business hours prior to the start of the activity. Refunds will not be granted for all other programs if requested four (4) weeks or more after the start of the activity, or if attendance has met or exceeded 50% of the activity. Refunds will be pro-rated. All refund requests must be submitted in writing to Leisure Services.</li> </ul>									
<b>PLEASE NOTE: FLORIDA PUBLIC RECORDS LAW REQUIRES THAT ALL INFORMATION – INCLUDING E-MAIL ADDRESSES – RECEIVED IN CONNECTION WITH CITY BUSINESS BE MADE AVAILABLE TO ANYONE UPON REQUEST, UNLESS THE INFORMATION IS SUBJECT TO A SPECIFIC STATUTORY EXEMPTION. PLEASE SEE REVERSE FOR REQUIRED RELEASE AND WAIVER.</b>									

## WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION FOR ADULTS AND MINORS

## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF SUNRISE, ITS DEPARTMENTS, EMPLOYEES, OFFICIALS, COACHES, VOLUNTEERS AND AGENTS (HEREINAFTER "RELEASED PARTIES") USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU OR YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOU OR YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOU OR YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, the undersigned, as the undersigned and/or as the parent or legal guardian of the minor child ("my child") named below, do hereby give my full consent and approval for me or my child to participate as a member of the City of Sunrise's Recreation Programs.

I understand that there are certain risks of damages and injuries, including death, inherent in the City of Sunrise's Recreation Programs, as well as in traveling and in other related activities incidental to my or my child's participation, and I am willing to assume these risks on behalf of myself or my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

I understand that there is inherent risk in Recreation Programs and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity; and that the term "inherent risk" further includes, but is not limited to: (1) the failure by the Released Parties to warn me or my child of an inherent risk, and (2) the risk that someone may act in a negligent or intentional manner and contribute to the injury or death of me or my minor child.

Further, I agree that in consideration for my or my child's participation in the City of Sunrise Recreation Programs, I hereby waive, release, discharge and agree not to sue the City of Sunrise, its departments, employees, officials, coaches, volunteers and agents ("Released Parties"), for any and all causes of actions, claims or damages arising out of or resulting from my or my child's participation in this activity, including but not limited to damages, injuries, or death arising out of the negligence of Released Parties or otherwise. I agree that for me or my child to participate in the activity, I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my or my child's participation in this activity.

I hereby permit the City of Sunrise to use or distribute any or all still and/or moving images in which I or my child appear for any use including, but not limited to: video, Web, print and multimedia applications; training or other instructional materials; advertising, commercials or other promotional materials; and other forms of media, without compensation. Any image (s) created shall be the property of the City of Sunrise.

I hereby give permission for me or my child to receive necessary medical treatment.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify and defend the Released Parties from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from any cause of action made by me or by, through or on behalf of me or my child, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties.

I acknowledge (a) that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, (b) that I understand each of the provisions in this agreement and (c) that I agree to abide by them.

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PRINT NAME OF MINOR CHILD

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PRINT NAME OF LEGAL GUARDIAN OR ADULT PARTICIPANT

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ADDRESS

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SIGNATURE OF LEGAL GUARDIAN OR ADULT PARTICIPANT

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DATE: \_\_\_\_\_