



OFFICE USE ONLY
 Date: _____
 Initial: _____

PROGRAM REGISTRATION FORM

PAYEE (Please Print) _____

Last First Name of Organization

Address _____

Street Apt. # City State Zip

(_____) _____ (_____) _____ _____
 Home Phone Cell Phone Email Address

EMERGENCY CONTACT _____ (_____) _____
 Name Phone Relationship

Participant Name	M / F	Age	Activity Name / Level / Session	Time	Session	Fee
						\$
						\$
						\$

OFFICE USE ONLY	
<input type="checkbox"/> 7 Day Swim Pass # _____ <input type="checkbox"/> 30 Day Swim Pass # _____ <input type="checkbox"/> 10 Class Aerobics / Shark Club Pass # _____ <input type="checkbox"/> Swim Lessons <input type="checkbox"/> WSI <input type="checkbox"/> Lifeguard <input type="checkbox"/> Visiting Team <input type="checkbox"/> Facility Rental <input type="checkbox"/> Camp: # of campers _____ <input type="checkbox"/> Other: _____	
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Date Received _____ Registered By _____	
TOTAL AMOUNT RECEIVED	\$ _____

City of Fort Lauderdale Aquatic Complex
 501 Seabreeze Blvd, Fort Lauderdale, FL
 (954) 828 - 4580 www.fortlauderdale.gov/flac

PRF-1/1-10
 WHITE - Booth, PINK - Customer, CANARY - Office



LIABILITY WAIVER

I HAVE READ AND UNDERSTAND AND AGREE AS FOLLOWS: In consideration of this registration in the activities provided by the City of Fort Lauderdale;

RELEASE AND WAIVER OF CLAIMS: I, _____, for myself and for my heirs, executors, and assigns, and, if the participant is a minor child, for my minor child or ward and my minor child's or ward's heirs, 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 child's or ward's participation in activities offered by the City of Fort Lauderdale ("City") at the Fort Lauderdale Aquatic Complex, and do hereby release, discharge, and covenant not to sue, City, and its officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I or my minor child or ward might have against City, or its officers, employees, agents, and volunteers, for any reason, including any of the released parties' negligence, and agree to indemnify and hold harmless City, and its officers, employees, agents, and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my or my minor child's or ward's participation in any activity offered by City at the Fort Lauderdale Aquatic Complex;

INSURANCE RESPONSIBILITY: I as the participant or the participant's guardian understand that participation may subject the participant to a certain degree of risk to injury and that the City will not be liable for medical expenses or other claims for damages, based upon property damage or personal injury as a result of these activities. Any insurance protection must be obtained by the participant;

PHOTO RELEASE: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself and/or my child for publicity purposes.

Participant / Participant's Parent / Guardian Signature

Print Name Date

Witness Signature

Print Name Date