

# OPEN GYM VOLLEYBALL

## Saturdays

**Beginners, 5:00 - 7:00 p.m.**

**Advanced, 7:00 - 9:00 p.m.**

If you are looking for a fun and safe environment to play volleyball, then come join us at Joseph C. Carter Park for Open Gym. The gymnasium will be open to the public for casual volleyball use unless otherwise reserved for scheduled programming.

## Fee

Resident - FREE

Non-Resident - \$30 yearly fee

*Visa and MasterCard are the preferred method of payment.*

## CARTER PARK

1450 W. Sunrise Boulevard

Fort Lauderdale, FL 33311

(954) 828-5411

[www.fortlauderdale.gov/parks](http://www.fortlauderdale.gov/parks)



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# Information Form / Liability Waiver

Thank you for your interest in joining our recreational program. Please complete the following information completely and thoroughly.

PLEASE PRINT CLEARLY

Male  Female

Registrant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell/Home Phone (1): \_\_\_\_\_ Cell/Home Phone (2): \_\_\_\_\_

Email Address: \_\_\_\_\_

If the *registrant* is 18 years of age or older, you may skip the box below and go to the "Liability & Insurance Responsibility" section.

<p><b>Please Print</b></p> <p><b>Parent/Guardian Information:</b></p> <p>Name: _____ <small>(First) (Last)</small></p> <p>Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cell/Home Phone (1): _____</p> <p>Cell/Home Phone (1): _____</p>	<p><b>School Child Attends:</b> _____</p> <p>Grade: _____</p> <p><b>Emergency Contact (if parent is not available):</b></p> <p>Name: _____ <small>(First) (Last)</small></p> <p>Relationship: _____</p> <p>Cell/Home Phone (1): _____</p> <p>Cell/Home Phone (1): _____</p>
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**Please read the following and sign below**

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

**Insurance Responsibility:** In consideration of this registration in the activities provided by the City of Ft. Lauderdale the participant or the participant's guardian understands that participation may subject 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.

**I have read and understand and agree that I will not hold the City liable for any personal injury or property damage I or my child may suffer as a result of participation in the activities including field or bus trips provided by the City.**

**Signature of Participant/Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_