CITY OF FORT LAUDERDALE FIRE RESCUE/OCEAN RESCUE

015746

Thank you for your interest in our recreation program. Please complete the following information completely and thoroughly. **PLEASE PRINT.**

Program _____

Session/Program Date _____ - _____ Program Time _____

Program Site _____ Previous Registrant? ☐ Yes ☐ No

Registrant's Name _____
First Last

Address _____
Street Apt. Number

_____ _____ Gender ☐ M ☐ F
City State Zip Phone

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

PLEASE PRINT

Birth date _____ - _____ - _____ Grade _____ School _____

PARENT or GUARDIAN (Circle one)

Name _____
First Last

If different from above:

Address _____
Street Apt. Number

_____
City State Zip

Home Phone _____ _____

Work Phone _____ _____

Beeper/Cell phone _____ _____

EMERGENCY CONTACT *(if parent is not available)*

Name _____
First Last

Relationship _____

Home Phone _____ _____

Work Phone _____ _____

Beeper/Cell phone _____ _____

If my child should become ill or injured and I can not be reached, I give permission for my child to be treated by a physician in an emergency. ☐ Yes ☐ No

Please read the following and sign below

INSURANCE RESPONSIBILITY: In consideration of this registration in the activities provided by the City of Fort Lauderdale, the participant or the participant's guardian understands 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.

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

Participant,
Parent or Guardian Signature _____ Date _____

Your cancelled check may serve as your receipt of payment.

FOR OFFICE USE ONLY

Amount Paid $_____ Check Amt. $_____ Check #_____ Taken by _____

Balance Due $_____ Cash Amt. $_____ Date _____

Form AD-076 NEW 06/05 WHITE: Registration Site

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF FORT LAUDERDALE

PROGRAM REGISTRATION FORM