City of Fort Lauderdale Parks & Recreation Department

INFORMATION FORM/LIABILITY WAIVER

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

PARKS & RECREATION
City of Fort Lauderdale

REGISTRANT'S NAME: _____
First Last

Address: _____ ( )
Street Apt. # Phone

_____ ☐ Male ☐ Female Age _____ DOB ____-____-____
City State Zip

EMAIL ADDRESS: _____

PROGRAM NAME: _____

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

Please Print

PARENT/GUARDIAN INFORMATION:

Name _____
First Last

Relationship _____

Address _____
Street Apt. #

_____
City State Zip

Home Phone _____

Work Phone _____

Cell Phone _____

CHILD ATTENDS:

Name of School _____

Grade _____

EMERGENCY CONTACT (if parent is not available)

Name _____
First Last

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

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 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 grand 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 activites including bus trips provided by the City.

_____ _____
Participant, Parent or Guardian Signature Date

Retyped 1/27/14