



PARKS AND RECREATION AQUATIC PROGRAM REGISTRATION FORM

PAYEE (Please Print)

	Last	Middle	First	D.O.B.	Name of Organization
Address _____					
	Street	Apt. #	City	State	Zip
() _____	Participant Email Address REQUIRED			USMS / USA-S / USA-D Athlete #	
Cell / Home Phone _____					

EMERGENCY CONTACT

Name _____	Phone () _____	Relationship _____
Mother's Name (If Participant is under 18) _____	Email _____	Cell Phone: () _____
Father's Name (If Participant is Under 18) _____	Email _____	Cell Phone: () _____

Participant Name: First, Middle Initial, Last	M / F	DOB	Activity Name / Level / Group	Time	Session	Fee
						\$
						\$
						\$
						\$

OFFICE USE ONLY

Pass # _____
 Rec Swim _____
 Swim Lessons
 WSI / Lifeguard
 Visiting Team
 Facility Rental
 Masters / Age Group Drop-In
 Private Swim Instruction/Asst Coaching
 Private Head Swim Coaching
 Private Dive Coaching
 Team Fee
 Dive Lessons
 FLDT Dive Team
 SFTL Age Group Swim Team
 SFTL Masters Swim Team
 Other: _____

Method of Payment: Visa MasterCard AMEX Cash Check Date Received _____ Registered By _____

TOTAL AMOUNT RECEIVED	\$
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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's (City) Parks and Recreation Department at any City facility or at any other location approved by the City, 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.

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.

By Signing below, I as the participant and/or the guardian acknowledge that this liability waiver remains in force for the duration of my participation and / or my minor child's / ward's participation in the named activity offered by the City.

Participant / Participant's Parent / Guardian Signature

Print Name Date