

Program Information Please fill out following information, **as applicable** to the program for which you are registering.

Program Name: _____ **Program Location:** _____

Session Number and/or Time : _____ **Class Level:** _____

▶ **PLEASE INITIAL (IF APPLICABLE):** I have completed the handbook/orientation requirements for this program. _____

Participant(s) Information

• **NEW CUSTOMERS** - Please complete all sections.

• **RETURNING CUSTOMERS** - Please complete sections **1** and **4** only.

Update section **3** if any contact information has changed or is missing, check with staff while registering.

1

Participant #1: _____

Male: ___ **Female:** ___ **Age:** ___ **Date of Birth:** ___/___/___ **Grade:** ___

Indicate any allergies, medical, physical limitations or behavioral concerns:

Participant #2: _____

Male: ___ **Female:** ___ **Age:** ___ **Date of Birth:** ___/___/___ **Grade:** ___

Indicate any allergies, medical, physical limitations or behavioral concerns:

2

Primary Guardian Name: _____

Date of Birth: ___/___/___ **Male:** ___ **Female:** ___

Mailing Address: _____

Physical Address: _____

City: _____ **State:** ___ **Zip:** _____

Home: _____ **Work:** _____

Cell: _____ **Carrier:** _____

☐ I agree to receive text alerts.

Email: _____

☐ I would like to receive emails about upcoming programs, events and specials.

Secondary Guardian Name: _____

Date of Birth: ___/___/___ **Male:** ___ **Female:** ___

Mailing Address: _____

Physical Address: _____

City: _____ **State:** ___ **Zip:** _____

Home: _____ **Work:** _____

Cell: _____ **Carrier:** _____

☐ I agree to receive text alerts.

Email: _____

☐ I would like to receive emails about upcoming programs, events and specials.

HOW DID YOU HEAR ABOUT US? _____

3

Emergency Information

If I cannot be reached in the case of an emergency, I hereby give permission for immediate first aid care by the Parks, Recreation and Cultural Affairs personnel until a physician can be accessed.

I hereby also give permission to the physician selected by the City of Gainesville Parks, Recreation, and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treatment for, and approve medications/injections and/or surgery for my child.

1st Emergency Contact Information: *If guardians are not available*

Name: _____

Relationship: _____ **Phone (H):** _____

(Other): _____

2nd Emergency Contact Information: *If guardians are not available*

Name: _____

Relationship: _____ **Phone (H):** _____

(Other): _____

4

Waiver Agreement

I give permission for my child(ren) to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation and Cultural Affairs Department, including field trips and transportation to and from the program/activity or field trip site, and certify that he/she is in good health and able to participate in all activities. I am fully aware of the risk inherent in such activities.

I hereby indemnify and release the City of Gainesville, any of its elected or appointed officials, volunteers, employees, agents, and sponsors from any and all liability or claims, including attorney's fees, costs and injuries, which may be sustained by me or minor children on account of his/her participation in said programs or associated activities and events. I hereby give my consent to the City to secure and authorize such emergency medical treatment as my child might require while participating in the City's programs and activities. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. I give my permission for my child to be photographed and/or videotaped with his/her name to be used for publicity purposes for the City of Gainesville Parks, Recreation and Cultural Affairs Department. This waiver, release and indemnification form is completed and signed of my own personal free will and with full knowledge of its significance. I have read this release and understand all of its terms.

Signature of Parent/Guardian: _____

Date: _____

Information provided on this form may be subject to the State of Florida public records law (chap. 119.07, Fla. Stat.). Under this law, the City is required to provide access to and copies of a non-exempt public records upon request from a member of the public. This form, Document No. R16-09Rec, is a legal instrument approved by the City Attorney. Any deviations from its use should be authorized by the City Attorney.

FOR OFFICE USE **Receipt Number:** _____

Residency Status: ☐ City ☐ Non-City