

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.

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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): _____

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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

Parent Code of Conduct

Parents are vital to the development of young athletes. Whether sitting in the stands or helping out as a volunteer, parents must set a positive example at all times. Parents and adults involved in youth sports should be models of good sportsmanship and lead by example on and off the playing field.

Child Name: _____

Age Group: _____

*****PLEASE READ each line and initial after you have read each rule to state you fully understand and will comply to the rules*****
Parents and Spectators agree as follows

1. I will not force my child to participate in sports. I will remember that children participate to have fun and that the game is for youth, not adults. _____
2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others. _____
3. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures. _____
4. I will not use any alcohol, tobacco product (including E-cigarettes or Vape pens) or drug before, during or after any City of Gainesville venue, practice, activities, events or contests. _____
5. I will follow the rules of the game and the practice policies of City of Gainesville. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event. _____
6. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes. _____
7. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence. _____
8. I will demand that my child treat other players, coaches, officials, spectators and City staff with respect regardless of race, creed, color, sex or ability. _____
9. I will bring my child to practice every day and on time as per the coaches' schedule. _____
10. I will NOT request, demand or insist that my child plays a certain position. Also I will not discuss my child's playing time with the coach. _____
11. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his / her performance. _____
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition. _____
13. I (and my guests) will respect the officials and their authority during games and will never question, discuss, or confront coaches at the venue, and will take time to speak with coaches at an agreed upon time and place. _____
14. I will refrain from coaching my child or other players during games and practices, unless I am one of the Official coaches of the team. _____

***** Failure to comply with any of these rules, PAYS, Pop Warner, ACTFOR and City of Gainesville Policy and/or in a manner that is not in good sportsmanship may result in your removal and/or your child from the program. *****

Print Name

Parent Signature

Date