



TOWN OF DAVIE PARKS AND RECREATION DEPARTMENT PROGRAM REGISTRATION FORM

Multipurpose Facility 954-327-3941
 Fitness & Aquatics Center 954-327-3926
 Administration Office 954-797-1145

Revised 6/13/2013

PARTICIPANT'S NAME			<u>FOR OFFICE USE ONLY</u>		
Last	First	MI	HH # _____		
PARENT'S NAME			Activity: _____		
			Fee: _____		
Last	First	MI	Check # _____ Cash _____ Visa _____ M/C _____		
Address: _____			Received by: PLEASE PRINT: _____		
City State _____ Zip Code _____			<u>All refunds are subject to a \$10.00 administrative fee.</u>		
Home Phone: _____			"SMOKING POLICY" (Town Ordinance #2003-13): Smoking is limited to parking areas when in Town parks conducting sports programs or events. Thank you for your cooperation.		
Cell Phone: _____			The Davie Parks and Recreation Department reserves the right to dismiss or expel any person(s) from our programs or facilities for behavior that is detrimental to the programs and facilities. This includes, but is not limited to conduct that constitutes safety hazards, physical abuse, mental abuse and failure to comply with Town rules and regulations or direction from Park Rangers.		
In case of emergency call:					
Name		Phone			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Date of Birth: _____		Age: _____			
Recreation Activity: <u>SKATE PARK ACTIVITY</u>					
Location: <u>BAMFORD SPORTS COMPLEX</u>					
Email Address: _____					

GENERAL RELEASE

THIS AGREEMENT WAIVES LEGAL RIGHTS, PLEASE CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS.

The UNDERSIGNED PARTICIPANT and/or his guardian, in consideration for the Town of Davie through its Recreation Division for providing facilities, instruction and supervision while attending any event, scheduled or planned by the Town of Davie does hereby:

- 1) Assume all risk of possible damage or injury involved through participation in any activity planned by the Town or coordinated by the Town with any other person or entity.
- 2) Request permission to participate in the activity with full knowledge that said activity could result in permanent damage or injury to me.
- 3) Agree to release, indemnify and hold harmless the Town of Davie and/or its departments or agents, officers, officials and employees from liability resulting from my participation in said activity, including the Town of Davie's gross negligence.
- 4) Specifically agree and acknowledge that any photos, images or videos of my child taken during said activity shall be the sole property of the Town of Davie and as such, the Town shall utilize any and all photos, images or videos taken of my child for any purposes deemed appropriate by the Town of Davie, including, but not limited to, brochures, documents, leaflets, posters, Town Website, Davie TV and any and all approved Town media. No other person or entity shall have the right to utilize said photos or images for private and/or public uses without the expressed consent of the Town.

Parent Name (Please Print) _____

Parent Signature _____

Date _____