



**CITY OF PALM COAST
PARKS & RECREATION DEPARTMENT
REGISTRATION FORM**

YOUTH
ADULT
SENIOR

Please print clearly. Completion of the registration process is required for each participant prior to program start date. Registration process includes submittal of this form and payment of applicable fees.
\$10 late fee will apply when registering after the deadline

PARTICIPANT INFORMATION

Participant Name: _____ **Birth date:** ____/____/____
(Identification establishing the date of birth is required)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone () _____ () _____ () _____
Home Cell Work

Email: _____ Male Female

Does the applicant require reasonable accommodations to participate in the desired program? Yes No



If yes, notification to Recreation Supervisor is required at least five (5) business days prior to program begin date. Those requesting accommodations must complete an Inclusion Questionnaire. Requests will be assessed in compliance with the Americans with Disabilities Act (ADA).

EMERGENCY CONTACT INFORMATION

Please provide name, address and phone numbers of at least one individual that may be notified in case of an emergency or illness. Emergency contact should be available during program hours. **YOUTH PROGRAMS: All emergency contacts must be able to pick up the child.**

1. **Name:** _____ **Relationship:** _____
Phone Numbers: Home: _____ Work: _____ Cell: _____

2. **Name:** _____ **Relationship:** _____
Phone Numbers: Home: _____ Work: _____ Cell: _____

Please specify the program(s) below:

| Program Name | # of Session, Date(s) | Fee |
|--------------|-----------------------|-----|
| | | |
| | | |
| | | |

Please return to the Palm Coast Parks & Recreation Department, 305 Palm Coast Parkway NE, (386) 986- 2323

WAIVER, RELEASE AND INDEMNIFICATION

I request permission to participate in the program(s) identified by me above with the understanding that there is inherent risk in the program(s) and that my participation in the program(s) could result in serious injury or death to me. I fully accept and assume all risks and responsibilities for all losses and damages incurred as a result of my participation in the program(s).

In consideration of the willingness of the City of Palm Coast to permit my participation in the program(s) and to allow me access to the City’s premises and property, I hereby waive for myself and on behalf of my family members and assigns, and any persons claiming by, through or under me, any and all claims or causes of action which I may have against the City of Palm Coast, its elected officials, agents, servants, and employees (“released parties”), for all injuries and damages suffered arising from my participation in the program(s) or from my presence on or use of the premises or property of the City of Palm Coast.

In consideration of the willingness of the City of Palm Coast to permit my participation in the program(s) and to allow me access to the City’s premises and property, I grant the released parties the right to photograph and/or videotape me and to use my face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation.

In consideration of the willingness of the City of Palm Coast to permit my participation in the program(s) and to allow me access to the City’s premises and property, I shall defend and indemnify the released parties and hold them harmless from any all losses, suits, claims, demands, actions, costs or expenses of any nature or kind (including, without limitation, attorney’s fees and costs) arising from any injury and/or damage inflicted or caused by me to another person or entity.

I have the Rules of Conduct published by the City of Palm Coast, and agree to abide by them. I recognize that if I fail to abide by the Rules of Conduct that my participation in the program(s) may be terminated, without any refund of any fees paid by me to the City of Palm Coast.

Signature of Participant or Parent/Legal Guardian of Participant

Date

OFFICIAL USE:

Submitted Date: _____

Staff Initial: _____

Scan Date: _____

Date of submittal and staff initials is required. Forward completed registration form to Recreation Supervisor.



**CITY OF PALM COAST
PARKS & RECREATION DEPARTMENT
YOUTH PROGRAM SUPPLEMENT**

A registration form must be completed prior to begin date of program. Forms must be updated when requested.

Participant's Name: _____ Grade: _____
(Last) (First) (Preferred Full Name) (Current or just completed)

T-Shirt Size: (circle size) **Youth:** S M L **Adult** S M L XL

Parent/Guardian: _____ Relationship to child: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ **Authorized to pick up child:** Yes No

Parent/Guardian: _____ Relationship to child: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ **Authorized to pick up child:** Yes No

Persons authorized to pick up your child: Any changes in this list must be in writing.

Name: _____
 Phone: (W) _____ (H) _____
 Cell Phone: _____
 Relationship to child: _____
 Authorized to pick up child: Yes No

Name: _____
 Phone: (W) _____ (H) _____
 Cell Phone: _____
 Relationship to child: _____
 Authorized to pick up child: Yes No

Name: _____
 Phone: (W) _____ (H) _____
 Cell Phone: _____
 Relationship to child: _____
 Authorized to pick up child: Yes No

Name: _____
 Phone: (W) _____ (H) _____
 Cell Phone: _____
 Relationship to child: _____
 Authorized to pick up child: Yes No

***** Notification of Identification Process *****

Please be advised that all persons authorized to pick up your child are required to present a **State or Government Issued Photo ID meaning a valid driver's license or identification card issued by the Department of Motor vehicles from any state, a US Active Duty/Retiree/Reservist military identification card or a valid passport**, in order to be released to that individual by the Palm Coast Parks and Recreation Department. Additionally, your child will not be released to any person refusing to show the required identification. **This is a precautionary measure to ensure the safety of your child.**

Signature _____ Date _____

Health History & Preferences for Medical Treatment

Does your child have any allergies (drugs, food, milk, latex, chemicals, etc.)? Yes No

To what? _____

What are the effects of the allergy on your child; what needs to be done?

If allergies are listed, you are required to send Benadryl, Epi-Pen, or other medication on a daily basis. Parent/guardian must complete an Authorization to Administer Medication Form

Is your child currently taking any medications? If so, what, when, and why?

(If given during the day, parent/guardian must complete an Authorization to Administer Medication Form)

Parent / Guardian Authorizations & Acknowledgements

The following statements MUST be initialed by the parent/guardian in order to participate in programs/camps offered by Palm Coast Park and Recreation

Responsibility of Child Care: I understand that City of Palm Coast Parks & Recreation Department's (PCPRD) responsibility for my child ends when an authorized adult or myself has signed out my child from the program. I understand that I am not to leave my child at the program site unless released to a program staff member who is there to receive/supervise my child.

_____/_____
initials

Staff - Participant Relationships: I understand that the program staff and volunteers are not allowed to transport children at any time or for any reason outside of the program.

_____/_____
initials

Information Update Acknowledgment: I acknowledge that it is my responsibility to keep PCPRD advised of significant changes to enrollment information including phone numbers, work locations, emergency contacts, etc. I understand that any changes must be made in writing and submitted to the PCPRD.

_____/_____
initials

Authorized Child Pick-Up: I understand that my child will not be released to any person that has not been designated on the program registration form as "authorized to pick up". I understand that additions to the "authorized to pick up" list must be made in writing to the PCPRD prior to the time this person is scheduled to pick up my child. I also understand that if an authorized person arrives to pick up my child and exhibits behavior as if under the influence of drugs or alcohol, PCPRD staff reserves the right to not release my child to that individual if staff believes my child could be placed in possible danger. The Sheriff's Office and/or Department of Children and Families may be contacted if another alternative is not reached.

_____/_____
initials

Permission to view Movies: The above referenced child has my permission to view G and PG movies.

_____/_____
initials

Swimming Ability: _____ YES, my child can swim the freestyle stroke 25 yards and tread water for 30 seconds.

_____ NO, my child cannot swim the freestyle stroke 25 yards and tread water for 30 seconds.

_____/_____
initials

State Mandated Reporters of Child Abuse and Neglect: I understand that state law mandates PCPRD to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

_____/_____
initials

Lost/Stolen/Broken Objects: I understand that PCPRD, its staff, and partners will not be held responsible or liable for lost, stolen, and/or broken objects of my child at the program. I also understand that it is my responsibility to replace any such objects.

_____/_____
initials

Authorization for Emergency Medical Attention: In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to the program staff or their representatives to transport the above mentioned child to the nearest emergency facility and/or to secure the intervention of medical personnel deemed to be necessary treatment including hospitalization. This treatment and emergency transportation (ambulance and/or life flight) will be my own financial responsibility.

_____/_____/_____ initials

***** Authorization to Photograph *****

I give permission to Palm Coast Parks & Recreation Department (PCPRD) to take photographs and video recordings of me, my child and my family members while participating in recreational activities, and further agree that PCPRD may use said Child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials, without reservation or limitation, in print, on the City website, or other broadcast or social media.. These photographs will only be used for City promotional and informational purposes and will involve no compensation to me or my family members for any photograph.

____ YES, I give my permission for my child/family members to be photographed.

____ NO, I do not give permission for my child/family members to be photographed.

Signature _____ Date _____

***** Acknowledgement of Benefit *****

By signing below, I agree to allow my child to participate in the above program and acknowledge the benefits to my child engaging in this activity.

Signature _____ Date _____

CONSENT, RELEASE & WAIVER OF LIABILITY
(Read carefully before signing)

Program: _____ (“Program”)

Participating Child: _____ (“Child”)

Parent/Legal Guardian: _____ (“Parent”)

As Parent or Legal Guardian of the above-named minor Child, I hereby give my consent for Child to participate in the above-described Program, which is a community-sponsored activity. In consideration of the City's acceptance of Child into the Program and/or Child's participation in the Program, and with the understanding that Child's participation in the Program could result in **serious injury, death, and/or property loss or damage**, including, but not limited to, injuries caused by terrain, facilities or equipment; Child's participation in sports, games or play; use of paint or other chemicals or materials; weather; temperature; vehicular or pedestrian traffic; Child's physical abilities; actions or inactions of other people, including, but not limited to, other Children in the Program, City employees and/or contractors, or volunteers in the Program; I hereby **recognize and agree to assume all risks**, known or unknown, that might arise through Child's participation in Program, and on my own behalf, on behalf of Child, and all of Child's parents, guardians, next of kin, heirs, executors and representatives, successors and assigns, and/or survivors, **I release and forever hold harmless**, the Released Parties as defined below, from any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, known or unknown, arising out of or in any way connected with Child's participation in the Program. I further agree to indemnify and hold each of the Released Parties harmless against any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, including, but not limited to, all attorney's fees, costs and expenses, whether at the trial or appellate level, arising out of or in any way connected with Child's participation in the Program.

The Released Parties are the City of Palm Coast, its elected officials, officers, employees, agents, contractors, volunteers, successors and assigns. **I understand and agree that this Consent, Release & Waiver of Liability includes any claims based on the negligence, actions or inaction of any of the Released Parties**, and covers bodily injury, death and/or property

damage or loss, whether suffered by me or by Child, before, during or after participation in the Program, including travel to or from the Program, whether by private transportation or City-provided transportation, or on account of any first aid, treatment or service.

I certify that my Child is physically fit, sufficiently trained and capable of participating in the Program, and has not been advised otherwise by a qualified medical person. I authorize medical treatment and services for myself and/or my Child, if the need arises, and I assume the responsibility and will fully indemnify the Released Parties for all medical and other costs incurred for such treatment and services.

I acknowledge that the City of Palm Coast will not provide insurance coverage to me or to my Child for any bodily injury, death and/or property damage or loss, as a result of or arising out of child's participation in the program.

I have received a copy of the Parent Guide. It will be my responsibility to read the guide, to follow the regulations and procedures of the Program, and discuss the rules with my child. I understand that failure to comply with the rules of the Program could result in my Child's termination from the Program.

I certify that I have carefully read this Consent, Release & Waiver of Liability, understand its contents, and voluntarily sign below.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date signed: _____

If application is being mailed to Recreation and Parks, parent/guardian must have this form notarized and original mailed to: **Attention: City of Palm Coast, Recreation and Parks Department, 305 Palm Coast Parkway NE, Palm Coast, FL 32137.**

STATE OF FLORIDA
COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____ (check one) who is personally known to me or who produced a Florida driver's license as identification.

Notary Public
Print Name: _____
My Commission expires: _____

[Please note that the child will NOT be able to start attending the program until you are contacted by Recreation and Parks.]

OFFICIAL USE: Submitted Date: _____ Staff Initial: _____ Scan Date: _____
Date of submittal and staff initials is required. Forward completed registration form to Recreation Supervisor