



Registration Form

For Recreation Programs

One participant per form - Please print and fill out completely

Participant: First		Last	Date of Birth	Age	<input type="checkbox"/> Female
					<input type="checkbox"/> Male
Street Address	Apt#	City, State		Zip	
Cell Phone		Work Phone		Email	
#1 Parent/Guardian: First		Last	Date of Birth		<input type="checkbox"/> Female
					<input type="checkbox"/> Male
Street Address	Apt#	City, State		Zip	
Cell Phone		Work Phone		Email	
#2 Parent/Guardian: First		Last	Date of Birth		<input type="checkbox"/> Female
					<input type="checkbox"/> Male
Street Address	Apt#	City, State		Zip	
Cell Phone		Work Phone		Email	



EMERGENCY CONTACT INFORMATION

Please list an emergency contact not living in the household. This is in case of an emergency only. We will contact the parent or guardian first.

First Name	Last Name	Contact Number
First Name	Last Name	Contact Number
Does the Participant require assistance or special accommodation to participate in the chosen activity?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		

Specify special needs:

Activity #	Program Name	Day/Date	Resident fee	Non-resident fee

Total Fees \$	<input type="checkbox"/> Cash (walk in only)	<input type="checkbox"/> Check #	<input type="checkbox"/> Credit Card (walk in only)		
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Persons with disabilities requiring accommodations in order to participate must contact the City's Recreation Department at least 48 hours in advance.



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Waiver For Adult

As a participant in a City of Cooper City (the "City") cultural, sporting, entertainment or other activity or event, or as a user of any City facility, premises or equipment, I hereby voluntarily assume the risk of any loss, injury or damage to myself or my property which in any way arises out of the use of such facilities, premises or equipment or participation in such activities or events, which said loss, injury or damage is sustained while upon said facilities or premises, using such equipment, participating in said events or activities or being transported therefrom or thereto. Further, I do hereby waive any claim against the City and its agents, servants and employees, arising from said loss, injury or damage and do covenant not to sue City or its agents, servants and employees, thereon, regardless of whether such loss, injury or damage is caused in whole or in part by the negligence of City or by the negligence of the agents, servants, or employees of the City.

I hereby give permission for the City to call my physician and/or arrange for emergency medical service technician response or for transportation to a hospital, in the event of any injury or illness to myself, although I understand that the City assumes no responsibility to do so.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Participant Signature: _____ Name (Print): _____

Witnessed By: _____

Waiver For Minors (By Adult)

As the parent or guardian of a minor child participating in the City of Cooper City (the "City") cultural, sporting, entertainment or other activity or event, or as the parent or guardian of a minor child participating as a user of any City facility, premises, or equipment, I hereby waive any claim against the City and its agents, servants and employees, hereafter arising from injuries to said child, which said injury is sustained while upon said facilities or premises, using such equipment, participating in said activities or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants or employees of City.

Further, I do covenant to indemnify, hold harmless and defend the said City, its agents, servants and employees from any claim, liability or damages hereafter arising out of any injury to said child, regardless of whether such injury to said child is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants and employees of City.

I hereby give permission for the City to call my child's physician and/or to arrange for emergency service technician response or for transportation to a hospital, in the event of any injury or illness to my child, although I understand that the City assumes no responsibility to do so. I hereby give permission for the City, its agents, servants, employees and contractors to escort my child between City facilities.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Child's Name: _____ Parent or Gaurdian's Name (Print): _____

Parent or Guardian Signature: _____ Witnessed By: _____

Print/Electronic Media Release

I hereby give my permission to the City of Cooper City to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City of Cooper City, Florida.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Participant/Parent/Guardian Signature: _____ Witnessed By: _____

Official Use Only

- Form is complete, signed and witnessed.
- Confirm birth certificate and age of participant.
- Confirm residency with acceptable form of identification. Confirm that address and phone numbers are correct.
- Update household in City's Recreation Department system.

Employee Name: _____ Date: _____