

REGISTRATION FORM

City of Daytona Beach
Leisure Services Department

PROGRAM/CLASS: _____ SESSION: (*Season/Yr.*) _____

PROGRAM ID: _____ CIRCLE: RENEWAL *or* NEW TODAY'S DATE: _____

PARTICIPANT NAME AGE DATE OF BIRTH SEX RACE

PARENT/GUARDIAN NAME (FOR MINORS) RELATIONSHIP TO CHILD

THE FOLLOWING INFORMATION IS REQUIRED ONLY ONE TIME PER YEAR UNLESS INFORMATION HAS CHANGED--

PRIMARY RESIDENCE/HOME ADDRESS:

STREET NUMBER STREET NAME CITY STATE ZIP

(*DRIVER'S LICENSE OR OTHER PICTURE ID IS REQUIRED.*)

DRIVER'S LICENSE NUMBER STATE OF ISSUE

HOME PHONE PAGER CELL PHONE EMERGENCY/WORK OTHER

EMERGENCY CONTACT NAME RELATIONSHIP PHONE

WAIVER AND RELEASE: Please read this form carefully and be aware that when registering your minor child-ward for participation in the above program(s), you will be waiving and releasing all claims for injuries your minor child/ward might sustain arising out of Leisure Services program (S). Please list any previous injuries, conditions or special needs about which the staff should be aware.

I recognize there are inherent risks in all recreation programs and I agree to assume the full risk of any injuries, damages or loss regardless of severity that my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims, my minor child/ward or I may have as a result of participating in the program, against the City of Daytona Beach and Leisure Services Department and their officers, agents, servants and employees. I do hereby full release and discharge the City(s) and their officers, agents, servants and employees from any and all claims from injuries, damages or loss which my minor child/ward or I may have or accrue to me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. On line and fax waiver signatures received for program registrations are considered as good as an original document for legal purposes. I have read and fully understand the above program details, waiver and release of all claims and permission to secure treatment and execute this waiver and with all releases voluntarily. The Volusia County School Board is not affiliated with this City of Daytona Beach Leisure Services program in any manner, nor do they endorse or assume any responsibility for any activities that occur in connection with it.

Parent/Guardian or Adult Participant Signature: _____ Date: _____

Photo Release: I hereby acknowledge that photos may be taken during this event and grant permission for my own or for my child's/ward's photo to be used for publicity related to any Leisure Services programs or activities.

Parent/Guardian or Adult Participant Signature: _____ Date: _____

Behavior Policy Acknowledgement: While every effort will be made by staff to work with my child's/ward's behavior, should any behavior threaten the safety of staff or other participants, I understand my child can be expelled, at the discretion of staff, from participating in the Leisure Services Program.

Parent/Guardian or Adult Participant Signature: _____ Date: _____

TO OUR CUSTOMERS, PLEASE NOTE: NEW PARTICIPANTS will be required to provide proof of residency to secure the resident rate. (1) Cash, money orders, or credit card payments only accepted within two (2) weeks of program start date. (2) There is a minimum \$25.00 additional charge for any NSF check. (3) Non-Residents will pay a higher rate for Leisure Services activities than residents of The City of Daytona Beach. In addition to your Florida State ID or Driver's License, please submit copies of two (2) of the following seven (7) items to establish city residency:

- ____ 1. County Tax Proposal or Invoice ____ 3. Motor Vehicle Registration ____ 5. Copy of Lease ____ 7. Phone Bill
- ____ 2. Homestead Exemption ____ 4. Voter Registration ____ 6. FPL Bill

FOR OFFICE USE: Payment Amount: \$ _____ Cash ____ CC ____ Check # _____ Money Order # _____
Circle: Resident or Non-Resident Leisure Services Employee Initials _____