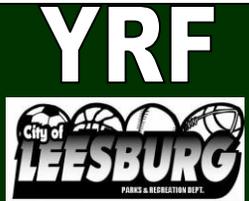




City of Leesburg Recreation Department
 Program Registration Form
 1851 Griffin Rd Leesburg, Florida 34748
 Phone: (352) 728 9885 Fax: (352) 326 6625
 Email: Recreation.Dept@leesburgflorida.gov
 Website: www.leesburgflorida.gov



PARTICIPANT INFORMATION

First Name _____ Last Name _____ Gender _____

Birthdate _____ Playing Age _____ School _____ Shirt Size _____

Street Address _____ City _____ Zip Code _____

The Leesburg Recreation Center would like to know how you heard of us: Online Mail Other: _____

EMERGENCY & PARENT / LEGAL GUARDIAN INFORMATION

Father's or Legal Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Mother's or Legal Guardian Name: _____ Home Phone: _____ Cell Phone: _____

E-mail Address _____ Interested in: Coaching Officiating Scorekeeping Sponsorship

Please Notify in case of an emergency (other than parent): _____ Telephone _____

Physical Defects and/or Allergies: _____ Medicine(s) Participant is taking (optional): _____

PROGRAM INFORMATION

Name of Activity _____

Did the child participate in the activity last season? _____ If yes, which team did he/she play for? _____

Is there a sibling that will participate in this program this season? _____ If Yes, his/her name _____

Which Team? _____ Requests (All requests are NOT guaranteed): _____

PARENT OR GUARDIAN WAIVER & RELEASE OF LIABILITY

I hereby acknowledge that I or my minor child or ward has voluntarily chosen to participate in a City of Leesburg recreational program or activity.

Further, I hereby recognize and acknowledge that there may be certain risks and hazards involved in participating in recreational programs and activities, including, but not limited to, those risks and hazards associated with weather conditions, playing conditions, equipment and other participants, and that participation in recreational programs and activities may result in serious personal injuries, death or property damage.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the City of Leesburg, Florida, and its insurers, officers, officials, employees, representatives, volunteers, contractors, sponsors, agents, successors and assignors, (collectively referred to as "Released Parties") from all liability to my child/ward, me, my personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury of my child/ward and or myself to the person or property or resulting in death, whether caused by the negligence of myself, my child/ward, or the negligence of the released parties individually, collectively, of third parties, or otherwise while my child/ward and/or I are observing, attending or in any way participating in City recreational programs and activities.

I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Released Parties and each of them from any loss, liability, damage, or cost they may incur due to my child/ward's or my presence in or upon the area or in any way observing, attending, or in any way participating in City recreational programs and activities, whether caused by the negligence of the Released Parties or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OF MY CHILD/WARD AND OR ME OR PROPERTY DAMAGE due to the negligence of Released Parties or otherwise while in or upon the area and/or while observing, being transported to and from, attending, or in any way participating in City recreational programs and activities.

I expressly acknowledge and agree that traveling to and from, attending, observing, and/or participating in City recreational programs and activities could be dangerous and involve risk or serious injury and/or death to me and/or my child/ward and/or property damage. I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Further, I agree that if any of the Released Parties seek to enforce this Release due to any claims made by me or by any third party, I will indemnify them for all costs associated with enforcement of this Release, including, but not limited to attorney's fees.

I understand that this release and indemnification includes any claims based upon the negligence, action or inaction of any of the Released Parties and covers bodily injury, including death, property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation in a City recreation program or activity.

I hereby grant permission for myself or my minor child or ward to be photographed or recorded in connection with any City of Leesburg Recreation promotion. I understand that any photographs or other types of media production may be used for purposes, including but not limited to, public service announcements, department brochures, and other programs shown to the general public.

I hereby certify that I or my minor child or ward are physically fit and have the skill level required to safely participate in a City recreational program or activity and I have not been advised otherwise. I understand that the City of Leesburg recommends and advises that I consult a physician prior to participation in a City recreational program or activity if I feel that I or my minor child or ward may have any physical restrictions.

In connection with any injury, illness or medical condition occurring during or as the result of my or my minor child or ward's participation in a City recreation program or activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by an attending medical professional if I am not able to act on behalf of myself or my minor child or ward. Additionally, I authorize medical treatment for myself or my minor child or ward at my cost, if the need arises. I acknowledge that the released "Party" has no duty, obligation or liability arising out of the provision of, or failure to provide medical treatment.

I understand that the City of Leesburg only provides secondary medical coverage, and that this is not a guarantee of reimbursement of any portion of the cost of any medical services rendered for a minor child or ward. This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to his or her release as provided above and for myself, my heirs, assigns, and my minor child's or ward's participation in a City recreational program or activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

(Signature of parent/legal guardian) _____ (Date) _____

(Name of minor/participant/ward) _____

By checking this box I acknowledge and agree that I have read the foregoing agreement and the Code of Conduct in its entirety and hereby freely and voluntarily give my explicit consent to each and every term contained in this agreement, including the provisions of waiver, release, and covenant not to sue, and my checking the above box denotes my electronic signature, representing my legal authority as the parent/guardian of the minor/participant and evidencing my intent for myself and my minor child/participant/ward and our executors, administrators, personal representatives, assigns, heirs, and next of kin to be fully bound by each and every term of this agreement.

DEPARTMENT USE ONLY

New Player Return Player Team _____ Date Paid _____ Debit/Credit Cash Check Amount Paid _____