



City of Gainesville
Parks, Recreation and Cultural Affairs
REGISTRATION FORM

ACTIVITY: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Sex\*: \_\_\_\_\_ Race\*: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_

School Participant Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

In Case of Emergency, Notify:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Additional #: \_\_\_\_\_

PARTICIPATION AGREEMENT

I agree that this instrument is for registration and not for insurance coverage. I give my child permission to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation and Cultural Affairs Department, including field trips. I am fully aware of the risk inherent and hereby release the City of Gainesville, any employees, any of its elected or appointed officials, or volunteers from any and all liability, claims, including attorney's fees and costs, and injuries which may be sustained by me or my minor children on account of his/her participation in said programs or associated activities and events. It is understood that the City of Gainesville Parks, Recreation and Cultural Affairs Department reserves the right to dismiss any participant for just cause. I further agree to return any and all property issued to me, upon the expiration of this activity, or whenever I have ceased participating in this activity. I will pick my child up from program or activity if the staff determines it necessary for the safety of my child, other participants, and/or staff. I give my permission for my child to be photographed and those photographs with his/her name to be used for publicity purposes for the City of Gainesville Parks, Recreation and Cultural Affairs Department.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under 18 years of age, a Parent's/Guardian's signature is required.)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: Absolutely NO REFUND will be given 10 working days after registering.

T-Shirt Size: Youth Sm Med Lg Xlg Adult Sm Med Lg Xlg XXLg

\* This information is used solely for tracking the diversity of participation in our programs.

Information provided on this form may be subject to the State of Florida public records law (chap. 119.07, Fla. Stat.) Under this law, the City is required to provide access to and copies of a non-exempt public records upon request from a member of the public.

Receipt # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

City Resident [ ] Non- City Resident [ ] Payment Method: \_\_\_\_\_
(GRU Bill or Voter ID required for verification)

Visa/MC Payment Information: Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_