



PROGRAM REGISTRATION FORM

**Please Print All Information*

Program				Group			
Participant's Last Name:				First Name:			
Street Address:			City:		Zip:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	DOB:	Registrants School			
Emergency contact #'s							

Persons authorized to pick-up child

Last Name:		First Name:		DL #	
Home Phone		Work Phone:		Cell Phone:	
Relationship to Registrant:					
Last Name:		First Name:		DL #	
Home Phone		Work Phone		Cell Phone	
Relationship to Registrant:					
Last Name:		First Name:		DL #	
Home Phone		Work Phone		Cell Phone	
Relationship to Registrant:					
Last Name:		First Name:		DL #	
Home Phone		Work Phone		Cell Phone	
Relationship to Registrant:					

Special Instructions

Medical Behavior Dietary Allergies Sensitivities Other

Please explain items checked:

See Waiver on Reverse Side of this form.

WAIVER FOR MINORS

(By Adult)

As the parent or guardian of a minor child participating in any program or activities or using any facilities, premises or equipment of the City of Homestead (the "City") or of the City's Parks & Recreation Department or participating in any field trips arranged by the City, 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 programs, activities or field trips 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 the City, and 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 of Homestead to call my physician and/or arrange for transportation to a hospital, in the event of any injury to said child, although I understand that the City assumes no responsibility to do so. Further, I understand that the City of Homestead is not responsible for money, personal items, etc., lost during the programs, activities or field trips and may discourage registrants from bringing such items.

Signature of Parent or Guardian By: _____

Name (print)

Witnessed:

By: _____

Name: _____

By: _____

Name: _____

This Waiver applies to Program described on the reverse side of this form.