

REGISTRATION FORM

(One Registration Form per child)

City of Doral
Parks & Recreation Department



Morgan Levy Park

305-482-959

5300 NW 102 Ave.

SECTION I. Parent/Legal Adult Guardian Name

Child's DOB: ___/___/___ Age: ___

[_____] City of Doral Resident Non-Resident
 Participant First Name Last Name **** Proof of Residency Required.**

[_____] Home# [____] [____-____]

Mother's First Name Last Name

[_____] Home# [____] [____-____]

Father's First Name Last Name

SECTION II. General Information

Residence [_____] [_____] [_____]
 Address No. & Street City Zip Code

Work [____] [____-____] Cell [____] [____-____] Other [____] [____-____]
 Area Code Area Code Area Code

E-mail Address [_____] Parent/Guardian DOB [____/____/____]

Emergency Contact [_____] Emergency Contact [____] [____-____]
 First Name Last Name Area Code

MEDICAL INFORMATION

Name	Medication	Allergy

SECTION III. Registration Fees

Description	Session Rate	Sibling Discount	Daily/Half Day Rate	cash/credit card/check#	Amount Collected	Date collected	Initials
3/26-3/30/18							

SECTION IV. Other Charges

Description	cash/credit card/check#	Amount Collected

Session(s) Fee:	\$ _____
Other Charges:	\$ _____
TOTAL:	\$ _____

Authorized Pick-Ups (Other than Mother/Father)

Name	Phone Number	Relation to Child

CITY OF DORAL
WAIVER AND RELEASE OF LIABILITY/MEDICAL TREATMENT CONSENT

TO THE CITY OF DORAL: in consideration of the opportunity afforded to me and/or my minor child/ward to participate in the activity described in the Registration Form at:

Morgan Levy Park, 5300 NW 102nd Avenue / Doral Meadow Park, 11555 NW 58th Street &
Doral Central Park 3000 NW 87th Avenue.
(Name and Address of Facility)

I, the undersigned, on behalf of myself and/or my child/ward named in the Registration form, do freely agree to make the following contractual representations and agreements.

I, on behalf of myself and/or my child/ward named in the Registration Form, acknowledge and understand that participation in the activity involves the risk of serious injury, including permanent disability and/or death and severe social and economic losses.

I, on behalf of myself and/or my child/ward named in the Registration Form, do hereby knowingly, freely, and voluntarily assume all liability for any damage or injury which may occur as a result of my and/or my child/ward's participation in such activity and will indemnify and hold harmless from any and all liability to release, waive, discharge, and covenant not to sue the City of Doral, its officers, agents, employees, and volunteers from any and all liability or claims which may be sustained by me, my minor child/ward, or a third party directly or indirectly in conjunction with, or arising out of participation in the activity described herein, whether caused in whole or in part by the negligence of the City of Doral or otherwise.

I, on behalf of myself and/or my child/ward named in the Registration Form, grant permission to transport the participant to and from events, activities, programs, etc. when required and hold harmless those who transport.

I, on behalf of myself and/or my child/ward named in the Registration Form, also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree for immediate first aid to injured person when deemed necessary.

PHOTO RELEASE

I give permission for any photograph, video tape, or any other form of audio visual record of myself or my child's participation with the City of Doral Parks and Recreation Department to be used by the City of Doral for publicity purposes.

I, on behalf of myself and/or my child/ward, have read the above provision, fully understand its terms, and understand that I, on behalf of myself and/or my child/ward, have given up substantial rights by signing this waiver and I acknowledge that I signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and I agree that, if any portion of this Registration Form is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Name of Parent/Guardian: _____ Date: _____

Signature (Parent/Guardian if participant is a Minor): _____