



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES**

HOT SPOT REGISTRATION AND CONSENT FORM

Name:	Date of Birth:
School and Grade:	Participant Cell Phone:
Parent/Legal Guardian Name:	Home Phone:
Address, City and Zip Code:	Work Phone:
Emergency Contact Name and Phone Number:	Email Address:
Any disabilities that require special accommodations? Explain.	Any medical problems, allergies or instructions?

Participant Release/Hold Harmless

I, the Parent/Legal Guardian, acknowledge and fully understand that the above-named child will be engaging in activities that may involve risk of serious physical injury, including permanent disability and death. I further acknowledge that there may be other risks not known to us or not reasonably foreseeable at this time. I assume all risks and hazards incidental to such participation, including transportation to and from program activities.

Furthermore, I forever waive, release and hold harmless, the City of Greenacres, its employees, independent contractors, volunteers and/or participants from any and all claims arising out of bodily injury, loss of life, and/or all other damages to my person, property or child as a participant in the program. I agree and acknowledge that this Release/Hold Harmless will apply and include any claims regardless of the City's own negligence. I understand that as a participant in a recreational program, accident insurance is not provided by the City of Greenacres.

I further understand and agree that the City of Greenacres retains the right to dismiss my child from the program should my/their behavior endanger myself or others, and/or is detrimental to the program or the program's intended purpose.

Emergency Medical Treatment Authorization

In the event of any emergency, I hereby authorize the transportation to and treatment by the nearest hospital staff or an Emergency Medical Services Unit.

Field Trip Consent

I, the Parent/Legal Guardian, hereby give my approval for the above-named child to participate in any in-house or off-site field trips while enrolled in the City of Greenacres Hot Spot teen program operated under the Youth Programs division within the Leisure Service Department.

Photo Consent

I hereby authorize the City of Greenacres to photograph my child and to use these images in the promotion and marketing of Greenacres' programs, which may include media coverage and/or viewing by the general public.

HOT SPOT REGISTRATION AND CONSENT FORM (continued)

DECLARATION: I HAVE FULLY READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS REGISTRATION AND CONSENT FORM.

Parent/Legal Guardian (Print)

Parent/Legal Guardian (Signature)

Date