



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
REGISTRATION FORM**

Youth Athletics
Adult Athletics
Senior Activities

revised 11/10/11

PARTICIPANT INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY/ZIP _____

HOME PHONE NUMBER _____ DATE OF BIRTH _____ AGE AS OF SEPT 1st _____

SPORT/ACTIVITY _____ EMAIL _____

T-SHIRT SIZE: Youth S M L Adult S M L XL 2X Resident Non-Resident Male Female

TEAM NAME _____ (FOR ADULT ATHLETICS ONLY)

I certify that my child's age is correct. Signature; _____

PARTICIPANT RELEASE/HOLD HARMLESS (for all activities/athletics)

I/we hereby acknowledge and fully understand that I/we/my child(ren) will be engaging in recreational activities that may involve a risk of serious physical injury, including permanent disability and death. I/we further acknowledge that there may be other risks and hazards incidental to such participation, including transportation to and from program activities.

Furthermore, I/we hereby 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(ren) as a participant in the program. I/we agree and acknowledge that this Release and Hold Harmless will apply and include any claims regardless of the City's own negligence. I/we understand that as a participant in a recreational program, accident insurance is not provided by the City of Greenacres.

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

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

Participant or Parent/Legal Guardian Signature

Date

PHOTO CONSENT AND RELEASE

I hereby authorize the City of Greenacres to take photographs of my child(ren), and use these images in the promotion and marketing of Greenacres' programs, which may include media coverage and/or viewing by the general public. By signing below, I give my legal authorization for the city use of photos of my child(ren).

Parent/Legal Guardian (Please print)

Parent/Legal Guardian (signature)

Date

EMERGENCY CONTACTS

NAME _____ RELATION _____ PHONE # _____

NAME _____ RELATION _____ PHONE # _____

YOUTH ATHLETICS (only) - SIBLING REGISTRATION (use an additional sheet of paper, if necessary)

2nd CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

HOME PHONE NUMBER _____ DATE OF BIRTH _____ AGE AS OF SEPT 1st _____

T-SHIRT SIZE: Youth S M L Adult S M L XL 2X

3rd CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

HOME PHONE NUMBER _____ DATE OF BIRTH _____ AGE AS OF SEPT 1st _____

T-SHIRT SIZE: Youth S M L Adult S M L XL 2X

PARTICIPANT/PARENTS' CODE OF ETHICS

- √ I hereby agree to provide positive support, care, and encouragement to all participants by following this Code of Ethics.
- √ I will encourage good sportsmanship by demonstrating support for all players, coaches, and officials at every game.
- √ I will place the emotional and physical well being of all participants ahead of any desire to win.
- √ I will refrain from using harsh, abusive, or profane language or aggressive behavior during, before or after any practice or game.
- √ I will provide support for coaches and officials working to provide a positive, enjoyable experience for all.
- √ I will demand a drug, alcohol, and tobacco-free sports environment for all, and I agree to assist by refraining from their use at all athletic events.
- √ I will remember that the game is for the children and not the adults.
- √ I will do my best to make sports fun for participants, and I will remember to honor the game and refrain from any unsportsmanlike behavior
- √ I will, and I will ask my child to treat players, coaches, fans and officials with respect, regardless of race, sex, creed, or ability.
- √ I will promise to help my child enjoy the youth athletics experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.

Participant/Parent/Legal Guardian (Please print)

Participant/Parent/Legal Guardian (signature)

Date

REGISTRATION FEES

Register and pay in person at the Greenacres Community Center or by mail – complete and send this form along with fee (City is not responsible for lost or indirect mailing). Visa or MC credit/debit cards are accepted at the Community Center only.

Checks payable to: "CITY OF GREENACRES"

Mail or visit:

Community Center
(561) 642-2090/2092
501 Swain Boulevard
Greenacres, FL 33463

Monday-Thursday, 10:00am-8:00pm
Friday, 10:00am-6:00pm
Saturday, 9:00am-1:00pm
Closed on Sunday

REFUND POLICY:

A "Request for Refund" form must be completed for all requests. Refunds will not be granted once games or show series begin; all other requests shall be subject to a 15% administrative fee. Exceptions may be granted on a case-by-case basis and/or with a doctor's note. _____ (parent/participant initial here)