



REGISTRATION FORM (Ages 18 & Older)

Registrant's Name: _____

Circle one: Male / Female D.O.B.: ____/____/____ Age: _____

Activity Name: _____ Fee: \$ _____

Day(s) of Activity: _____ Time(s) of Activity: _____

Complete if applicable T-shirt/Uniform Size: (Circle one) YS YM YL AS AM AL AXL AXXL

I understand that if I choose the wrong shirt/uniform size I will be responsible for the cost of a new one. **(Initial Here)** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Emergency Contact Name: _____ Phone: _____

WAIVER FOR PARTICIPANT

IN CONSIDERATION OF THE CITY ACCEPTING MY OR MY CHILD'S ENTRY IN THE CITY SPONSORED ACTIVITY, I HEREBY WAIVE AND RELEASE THE CITY OF COCONUT CREEK, FLORIDA ON BEHALF OF MYSELF, MY CHILD, MY/HIS/HER HEIRS OR PERSONAL REPRESENTATIVE FROM ALL CLAIMS, ACTIONS AND LAWSUITS FOR PERSONAL INJURIES, PROPERTY DAMAGE OR WRONGFUL DEATH SUSTAINED BY ME/MY CHILD, ARISING OUT OF ANY ACT OR OMISSION COMMITTED OR OMITTED BY THE CITY, ITS EMPLOYEES, AGENTS AND INDEPENDENT CONTRACTORS OCCURRING DURING THE ACTIVITY SPONSORED BY THE CITY.

A REFUND WILL ONLY BE HONORED WITHIN THE FIRST 3 DAYS OF MY PURCHASE. (THE 3-DAY REFUND POLICY INCLUDES WEEKDAYS AND WEEKENDS.) NO REFUND WILL BE HONORED BEYOND THE 3-DAY GRACE PERIOD REFERENCED ABOVE. NO CREDITS. NO EXCEPTIONS. (Initial Here) _____

Registrant Signature: _____ **Date:** _____

Adult Photo Release

I do hereby authorize and consent to the photo/negative/video recording of myself during my participation in the City of Coconut Creek's program and to the use and/or submission of the photograph/negative/video recording to the local media and permit the City of Coconut Creek and its authorized agents to reproduce, copy, exhibit, publish, broadcast or distribute any and all such materials in any format on any of its forums, such as Shutterfly, Flickr, Facebook, etc. I further certify that I will not share my personal access information to access content provided by the City of Coconut Creek to unauthorized users. I understand that no monetary consideration shall be paid to me or my child by the City of Coconut Creek for the use and/or publication of the above-described photo/negative/video recording(s). I hereby waive my right to inspect or approve the material(s) prior to publication. I understand that by the reproduction, copying, exhibiting, publishing, broadcasting or distributing of the above-described materials, it is possible for other parties to gain copies of the above-described photo/negative/video recording and that I will indemnify, save and hold harmless the City of Coconut Creek for such reproduction misuse or abuse. I declare that I have read the above statements and that they are true and correct, and no promises or threats were made to obtain my consent.

Registrant Name: (PRINT) _____

Signature: _____ Date: _____

METHOD OF PAYMENT

Total Fee Amount: _____ Check#: _____ Cash: _____

Credit Card: _____ (last 4 digits Circle one: MasterCard/Visa/Discover

Received By: _____ Date: _____