



City of Miami  
**REGISTRATION**  
Department of Parks and Recreation

Park Facility:  After School  Camps  Sports  Aquatics  Other:

PARTICIPANT INFORMATION	Name:				Gender:	Date of Birth:	Age:	Grade:
	Address:		City:	State:	Zip:	Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Non-Hispanic		
	Father's Name:			Home No.:	Work No.:	Cell No.:	Email:	
	Mother's Name:			Home No.:	Work No.:	Cell No.:	Email:	
	School Attended:							

EMERGENCY CONTACT	Name:		Relationship:	Authorized to Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:
	Name:		Relationship:	Authorized to Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:
	Name:		Relationship:	Authorized to Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:

MEDICAL INFORMATION	1. Is the applicant able to function in a group setting, that includes, sports, games, swimming and other recreational activities, without individual attention? <input type="checkbox"/> YES <input type="checkbox"/> NO. If no, explain _____
	2. Can the applicant perform the following activities without individual assistance: Eating <input type="checkbox"/> YES <input type="checkbox"/> NO Dressing <input type="checkbox"/> YES <input type="checkbox"/> NO Going to the bathroom <input type="checkbox"/> YES <input type="checkbox"/> NO
	3. Is the applicant able to understand and comply with the rules and regulations applicable to all participants? <input type="checkbox"/> YES <input type="checkbox"/> NO. If no, explain. _____
	4. Does the applicant have a disability that requires accommodation to participate in any of the activities listed in question 1 above? <input type="checkbox"/> YES <input type="checkbox"/> NO. If yes, indicate the accommodation(s) needed: _____ <i>(NOTE: Accommodation means assistance such as a sign language interpreter, providing materials in Braille or other format, etc.)</i>
	5. Does your child have a medical condition that parks staff should be aware of (some examples include asthma, diabetes, epilepsy)? <input type="checkbox"/> YES <input type="checkbox"/> NO. If yes, explain. _____
	6. Does your child have any allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO. If yes, list allergies: _____
	7. Check the participant's swimming ability. <input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Good <b>(BE ADVISED THAT PARKS STAFF DO NOT ADMINISTER MEDICATION.)</b> I, understand that failure to disclose the minimum necessary information requested above may result in the applicant being removed from further participation in the program. _____ Signature of Parent or Legal Guardian

Hospital Preference:	Insurance Carrier:	Policy No.:	Expiration Date:
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AUTHORIZATION, WAIVER, AND RELEASE	I, _____ (Print Name of Parent or Legal Guardian) hereby authorize my child _____ (Print Name of Participant)
	to participate in any programs sponsored by the City of Miami, Department of Parks and Recreation, and hereby waive, release, absolve, indemnify and agree to hold harmless the City of Miami, its employees, officials, officers, agents, agencies, departments, participants, persons transporting the participants to and from activities, and any other individual, group, organization or corporation under contract with the City of Miami, for any claim arising out of an injury or death to my child, or damage to or destruction of or loss of any property as a result of his/her participation in any program or activity, including those injuries arising from negligence of the City of Miami, its employees and/or agents. _____ Parents Initials
	Applicant grants consent to registered participant to attend all field-trips and activities sponsored by the City of Miami, Department of Parks and Recreation. _____ Parents Initials
	Applicant grants the right for their child's image or likeness to be used for marketing or printing purposes associated with the promotion, marketing and news story coverage of parks and recreation related activities. _____ Parents Initials
	<b>OPTIONAL:</b> My child has parental approval (consent) to leave the park area at the end of the day at _____ PM, without supervision. _____ Parents Initials
I hereby acknowledge receipt of the "Rules and Regulations" on the back and agree that my child, and I, will comply with all of them.	
Signature of Parent or Legal Guardian _____ Date _____	

<b>OFFICE USE ONLY</b>	
Reviewed by: _____ (Print name)	Initial: _____ Date: _____