



CITY OF SOUTH MIAMI
PARKS AND RECREATION DEPARTMENT
RECREATIONAL PROGRAMMING REGISTRATION FORM

No. _____

COMMUNITY CENTER
 (305) 668-7232

5800 SW 66 Street
 South Miami, FL 33143

BY COMPLETING AND SIGNING THIS FORM, THE APPLICANT AND ALL INCLUDED FAMILY MEMBERS AGREE TO ABIDE BY ALL CITY AND DEPARTMENTAL RULES AND REGULATIONS, AND FURTHER AGREE TO INDEMNIFY AND HOLD THE CITY HARMLESS WITH REGARDS TO ANY INJURIES RECEIVED AS A RESULT OF THE USE OF CITY OF SOUTH MIAMI FACILITIES AND/OR EQUIPMENT.

Name: _____ Gender: _____ D.O.B.: ___/___/___ Age: _____
 (Last) (First)

Division Requested: (circle) U4 U6 U8 U10 U12 Boys Girls Coed Coach Requested: _____

Name of Parent/Guardian (if participant under 18 years old): _____

Address: _____ City: _____, FL Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Other) _____

Medical Conditions/Allergies: _____ E-Mail Address: _____

This section cannot be left blank

Emergency Contact(s): _____
 (Names and Phone Numbers)

<p>MEMBERSHIP TYPE</p> <p><input type="checkbox"/> Soccer (ages 3 - 12)</p> <p>Jersey Size (circle size) Youth - S M L Adult - S M L XL XXL Shorts Size (circle size) Youth - S M L Adult - S M L XL XXL</p> <p><u>Check List of Forms</u></p> <p><input type="checkbox"/> Player Registration Form <input type="checkbox"/> Copy of Birth Certificate or Passport <input type="checkbox"/> Player / Parent Criteria Form <input type="checkbox"/> Pre-participation Physical Evaluation <input type="checkbox"/> Insurance Form <i>(Completed by Physician if necessary)</i></p>	<p>RESIDENT</p> <p><input type="checkbox"/> \$ 50.00</p>	<p>NON-RESIDENT</p> <p><input type="checkbox"/> \$ 75.00</p>	<p>PAYMENT INFORMATION</p> <table border="1"> <tr><td>Amt. Due</td><td></td></tr> <tr><td>Amt. Paid</td><td></td></tr> <tr><td>Check # /M.O.</td><td></td></tr> <tr><td>Rec'd. By</td><td></td></tr> <tr><td>Date</td><td></td></tr> <tr><td>Balance Due</td><td></td></tr> </table>	Amt. Due		Amt. Paid		Check # /M.O.		Rec'd. By		Date		Balance Due	
Amt. Due															
Amt. Paid															
Check # /M.O.															
Rec'd. By															
Date															
Balance Due															

GENERAL AGREEMENT / RELEASE

In consideration for the City of South Miami Parks and Recreation Department providing membership privileges,

I, _____, do hereby:
 (print name)

- 1) Assume all risk of possible damage or injury through the use of City of South Miami recreational facilities.
- 2) Agree to compensate the City of South Miami for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse of equipment.
- 3) Agree to indemnify and hold harmless the City of South Miami and/or its departments, agents or employees from any liability arising out of my use of City of South Miami facilities and/or equipment.
- 4) Understand and agree to abide by all applicable rules and regulations. I further understand that I may be asked to leave the premises and may face suspension or termination of membership if I fail to abide by these rules and regulations or any other reasonable request from City of South Miami staff.
- 5) Certify that the participant named herein is in normal health and has no injury, or other condition which would affect their ability to participate, or that I have advised the City of South Miami in writing of that condition. I understand that the City of South Miami only carries secondary health insurance and that my insurance bears primary responsibility for any illness or injury that occurs as a result of participation in this activity. I further give my permission for emergency medical treatment to be administered when necessary. I agree I am financially responsible for any such treatment.

Signature: _____ Date: _____
 Parent or Legal Guardian (if Participant under 18 years old)

Parks & Recreation Official: _____ Title: _____ Date: _____