TOWN OF MIAMI LAKES PARKS & RECREATION DEPARTMENT
15700 NW 67th AVE, SUITE 302, MIAMI LAKES, FL 33014 ~ PHONE 305.556.0771 FAX 305.558.8511
WWW.MIAMILAKES-FL.GOV

Youth/Adult Activity Registration Form

① PARTICIPANT'S INFORMATION *(Please print or type)*

Full Name_____
Last First Middle Birthdate Gender

Address _____
Number & Street City State Zip

② PARTICIPANT'S LEGAL GUARDIAN'S INFORMATION

Full Name_____
Last First Middle

Telephone _____
Home Work Cellar Email

Full Name_____
Last First Middle

Telephone _____
Home Work Cellular Email

③ MEDICAL AND EMERGENCY INFORMATION

Primary Physician _____ Phone _____

Emergency Contact _____ Phone _____

Any Medication Requirements or Special Care Instructions _____

④ INDIVIDUALS AUTHORIZED TO PICK UP CHILDREN CODE WORD: _____

_____
NAME RELATIONSHIP

_____
NAME RELATIONSHIP

_____
NAME RELATIONSHIP

⑤ WAIVER AND CONSENT

For myself or as a participant or as the parent or guardian of a minor child participating in activities or using any facilities of the Parks and Recreation Department, I hereby waive any claim against the Town of Miami Lakes and it's agents, servants and employees hereafter arising from injuries sustained while participating in or using said facilities to myself or said child. I do covenant to indemnify, hold harmless and defend the said Town, its agents, servants and employees from any claim, damages on demand hereafter arising out of any injury to said child or to myself regardless of whether such injury to said child or to myself is caused in whole or in part by the negligence of said Town or by the negligence of the agents, servants and employees of the Town.

I hereby give the Town of Miami Lakes my permission to transport and/or escort my child/children to and from the camp/program location for off-location field trips via Town van or commercial bus service and walking trips.

_____
PARENT OR GUARDIAN OF PARTICIPANT SIGNATURE & DATE

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Program Name_____ Date Received_____

Program Dates _____ Received From_____

Total Fee_____ Park Representative Signature_____

Payment Method_____ Miami Lakes Resident Y or N_____