



TOWN OF MIAMI LAKES PARKS & RECREATION DEPARTMENT

15700 NW 67th Avenue, 3rd Floor, Miami Lakes, FL 33014

Youth/Adult Activity Registration Form

ADULT ID# _____

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 INFORMATION

Full Name _____
Last First Middle Birthdate

Telephone _____
Home Work Beeper Cellular Email

Full Name _____
Last First Middle Birthdate

Telephone _____
Home Work Beeper 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

Program Name _____

Date Received _____

Program Dates _____

Received From _____

Total Fee _____

Park Representative Signature _____

Payment Method _____

Miami Lakes Resident Y or N _____