



**City of Pompano Beach**  
**Parks, Recreation and Cultural Arts Department**  
 One participant per form - Please print and fill out completely  
**FOOTBALL/CHEER 2018**

<b>Participant: First</b>		Last	Date of Birth	Age	<input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address	Apt #	City	Zip		
Home Phone		Work Phone	Cell Phone		
<b>Mother/Guardian: First</b>		Last	E-Mail		
Street Address	Apt #	City	Zip		
Home Phone		Work Phone	Cell Phone		
<b>Father/Guardian: First</b>		Last	E-Mail		
Street Address	Apt#	City	Zip		
Home Phone		Work Phone	Cell Phone		
<b>EMERGENCY CONTACT INFORMATION &amp; AUTHORIZED FOR RELEASE NAMES</b>					
<i>Please list an emergency contact not living in the household. This is in case of an emergency only. We will contact the parent or guardian first.</i>					
Name		Phone	RELATIONSHIP		
Does this person require assistance or special accommodation to participate in the chosen activity?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:					
Please list coach or teammate request: (not guaranteed)					
<b>Team Location</b> <input type="checkbox"/> Pompano Chiefs (Mitchell/Moore) <input type="checkbox"/> Pompano Cowboys (McNair) <input type="checkbox"/> Pompano Eagles (N. Pompano)			Youth Tackle football and Cheer Program Ages 5-15 \$50 Resident; Non Resident \$84		
<b>Total Fees \$</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Credit Card					

Persons with disabilities requiring accommodations in order to participate must contact the Department at least 48 hours in advance.

**DISCIPLINARY POLICY**

I, the parent, understand that if my son/daughter (NAME) \_\_\_\_\_ disrupts the daily operation of the program or causes a disciplinary problem, he/she will be asked to withdraw from the program without a refund.

**TRANSPORTATION CONSENT**

I, the parent, give my son/daughter (NAME) \_\_\_\_\_ permission to ride in a city-operated bus/van or School Board County bus during the Afterschool Program.

**WAIVER FOR MINOR (BY ADULT)**

You are agreeing that, even if the CITY OF POMPANO BEACH uses reasonable care in providing this activity, there is a chance YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF POMPANO BEACH IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and the City of Pompano Beach has the right to refuse to let your child participate if you do not sign this form.

The undersigned expressly ACKNOWLEDGES, UNDERSTANDS AND AGREES that the activities offered by the City of Pompano Beach Parks and Recreation Department involves the risk of injury and/or death and/or property damage. Accordingly, the undersigned ACKNOWLEDGES that the City of Pompano Beach and/or its OFFICERS, COMMISSIONERS, EMPLOYEES OR AGENTS, all for the purposes herein referred to As "RELEASEE" are not responsible for any bodily injury, death or property damage sustained while participating in the City of Pompano Beach Parks and Recreation Department's activities. The undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE, RELEASEE from any and all liability to the above named PARTICIPANT/CHILD, his or her personal representatives, assigns, heirs, and next of kin for any and all injury, death, loss, or damage, and any claims or demands therefore whether caused by negligence of RELEASEE or otherwise while the above named PARTICIPANT/CHILD is participating in the activity or activities.

I hereby give permission for the City to call my child's physician and/or to arrange for emergency service technician response or for transportation to a hospital, in the event of any injury or illness to my child, although I understand that the City assumes no responsibility to do so.

READ, UNDERSTOOD, AND AGREED TO this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Participant/Parent/Guardian Signature: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

**PRINT/ELECTRONIC MEDIA RELEASE**

I hereby give my permission to the City of Pompano Beach to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City Pompano Beach.

READ, UNDERSTOOD, AND AGREED TO this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Participant/Parent/Guardian Signature: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

**Official Use Only**

- Form is complete, signed and witnessed.
- Confirm birth certificate and age of participant.
- Confirm residency with acceptable form of identification. Confirm that address and phone numbers are correct in RecTrac.
- Update household in RecTrac if necessary.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

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