



**City of Oakland Park**  
 Parks and Leisure Services Department  
**Program Registration & Waiver**  
 NO REFUNDS

Activity: Soccer \_\_\_\_\_ Basketball \_\_\_\_\_ Flag Football \_\_\_\_\_ Cheerleading \_\_\_\_\_

**Participant Information:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

*Are you interested in Coaching?*      **Yes**    **No**

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate any Special Needs/physical limitations: \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please list allergies, special medical or dietary needs, or other areas of concern:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*I understand that The City of Oakland Park employees are prohibited from dispensing medication to any program participant.*

**Shirt Size:**    YOUTH      Small      Medium      Large      X-Large  
                      ADULT      Small      Medium      Large      Other: \_\_\_\_\_

**Pants Size:**    YOUTH      Small      Medium      Large      X-Large  
                      ADULT      Small      Medium      Large      Other: \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION AND LIABILITY RELEASE FORM**

I understand I must attend the mandatory parent meeting in order to make a team request and understand this is a draft system so a request does not guarantee my child will be placed on a particular team.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that in order for my child to be in the draft, I must attend evaluations. If I do not my child will be randomly assigned a team.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Media Release:**

I understand that my child may appear or be photographed in the newspaper, on television, on city websites, publications, or other communication tools to promote The City of Oakland Park.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Behavior Policy:**

I understand that if my child or myself disrupts the daily operation of the program or becomes a disciplinary problem, we will be ask to leave or withdrawn from the program without a refund.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Refund Policy:**

I understand there is no refund policy, with the exception of medical excuses with appropriate doctor’s verification.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE OF LIABILITY AGREEMENT**

In consideration of the privilege of being allowed to take part in the City of Oakland Park’ “City’s” Program, use the equipment and the facilities of the City, ride in the motor vehicles provided by the City and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and on behalf of my minor child named below do herby agree to indemnify and hold harmless the City of Oakland Park, its trustees, elected and appointed officials, agents, servants, volunteers and employees from and against all claims, demands, causes of action of whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but not limited to, attorneys’ fees arising out of, occurring during or relating to the use of the equipment, facilities, motor vehicles of participation in City’s Program. I further acknowledge and authorize the photograph and videotape and publication of such photographs and videotapes of my minor child to promote publicize the City’s Programs. I understand the physical requirements of participation in these activities and affirm that my child meets these requirements. I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the case of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to my child or damage to my property.

**Must be Signed**

**PARENT/GUARDIAN PERMISSION AND LIABILITY**

**RELEASE FORM**

I, \_\_\_\_\_ **(Print name of parent/guardian)**, certify that I signed the City of Oakland Park release of liability form on \_\_\_\_\_ **(Date MM/DD/YY)** for my Child or ward, \_\_\_\_\_ **(Print name of child)** to go on the following field trips and participate in the activities set by those specific locations. By signing the lines below, I am giving permission for my child/ward to go to and participate in the **Oakland Park Athletic Programs**. You understand the activities involved and give permission for your child/ ward to participate and will not hold the City of Oakland Park responsible for any liability whether or not caused by the negligence of personnel or by the failure of the equipment, machine, used at any of the facilities that where mentioned above.

Parent/Guardian (Signature): \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian (Print Name): \_\_\_\_\_ **Date:** \_\_\_\_\_