

REGISTER FOR A CLASS TODAY: Proof of residency is required each time you register for a sport or activity. We will not accept any registration forms without proper proof of residency and a copy of a birth certificate (if applicable).

PARTICIPANT INFORMATION: *Please print in ink and fill out completely*

Parent/Guardian's Name		Relationship to Child			
Home Phone	Work Phone		Cell Phone/Beeper		
Address		Apt.#:	City	State	Zip
E-mail Address		<input type="checkbox"/> Yes, you may use this e-mail address to provide me with information regarding City of Sunrise programs and events. I understand that I may opt out of this service at any time.			
Secondary Guardian's Name		Relationship to Child			
Home Phone	Work Phone		Cell Phone/Beeper		
Address		Apt.#:	City	State	Zip
E-mail Address		<input type="checkbox"/> Yes, you may use this e-mail address to provide me with information regarding City of Sunrise programs and events. I understand that I may opt out of this service at any time.			

PARTICIPANT NAME	DATE OF BIRTH	CURRENT GRADE	AGE	SEX	PROGRAM #	PROGRAM	FEE

EMERGENCY CONTACT: *(Other than parent/guardian.) To be contacted if parent/guardian listed above cannot be reached.*

Emergency Contact		Relationship to Participant			
Home Phone	Work Phone		Cell Phone/Beeper		
List any allergies or medications (specify which child):					
Signature of Parent/Guardian				Date	

CREDIT CARD PAYMENT

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date	Card #
Signature as it appears on the card			

I agree to pay the above amounts listed as credit card charges according to credit card user agreements.

RELEASE & REFUND POLICIES

PLEASE NOTE THAT FLORIDA'S PUBLIC RECORDS LAW REQUIRES THAT ALL INFORMATION - INCLUDING E-MAIL ADDRESSES - RECEIVED IN CONNECTION WITH CITY BUSINESS BE MADE AVAILABLE TO ANYONE UPON REQUEST, UNLESS THE INFORMATION IS SUBJECT TO A SPECIFIC STATUTORY EXEMPTION.

I hereby release and agree to indemnify and hold harmless the City of Sunrise, its departments, employees, officials, volunteers and agents, against all claims arising from or resulting from participation in this activity, with my knowledge that by participating in this activity I/my child/my ward assume(s) risk of injury. I hereby permit the City of Sunrise to use/distribute any or all still and/or moving images in which I/my child/my ward appear for any use including, but not limited to: video, Web, print and multimedia applications; training or other instructional materials; advertising, commercials or other promotional materials; and all other forms of media, without compensation. Any image(s) so created shall be the property of the City of Sunrise.

I also hereby give permission for me/my child/my ward to receive necessary medical treatment. I hereby certify that I am an adult, over the age of eighteen (18), and that I have read and understood this Release and that I freely and voluntarily give my consent as described above.

Refunds for one day programs and Kids' Day Off, Mini Camps and Holiday Camps will only be granted if requested prior to the start of the program. Refunds will not be granted for all other programs if requested 4 weeks or more after the start of the program or attendance has met or exceeded 50% of the program. Refunds will be pro-rated. All refund requests must be submitted in writing to Leisure Services.

Household Identification #: _____

REGISTRATION FORM