



Lakeland Parks and Recreation Department GREAT ESCAPES PROGRAM REGISTRATION

Program Dates Requested _____ Location(Pls. circle) Kelly Rec Simpson Park

Participant's Name _____ D.O.B. ____/____/____ Age _____

Address _____ In City Out of City
Street City ZIP

Phone Number _____ Sex ____ School _____ Current Grade _____

Parent/Guardian's Name _____ Relationship _____

Parent/Guardian's Address _____
Street City Zip

E-mail Address _____

Home Phone _____ Work Phone _____ Other Phone _____

Emergency Contact (Other than Guardian) _____
Name Phone Number

Persons Child Can Be Released To _____

Known Medical Conditions (allergies or other limitations) _____

Swimmer Non-Swimmer

CERTIFICATE OF HEALTH AND AUTHORIZATION TO SEEK MEDICAL TREATMENT

This is to certify that (insert Child's name) _____ ("Our Child") is in good health and in soundness of body that warrants his/her participation in the City of Lakeland (the "City") Great Escapes Recreation Program ("Program"). Also, I/we certify that Our Child has no known recent exposure to a contagious disease and has had no operation or serious illness which would restrict his/her participation in the Program. I authorize the City to seek emergency medical treatment for Our Child in the event of any injury arising during Our Child's participation in the Program and understand that any medical costs resulting from any such injury will be borne by me/us.

PERMISSION TO PARTICIPATE

I/We understand the nature of the Program, its activities and potential hazards, and the arrangements regarding the meeting times and fees. I/We understand the Program does not allow Our Child to enter or leave the premises at which they are registered without permission of the playground staff and a signed note from his/her parents or legal guardian. Finally, I/We understand that the Program involves physical exertion and contact which may result in injury to Our Child. I/We accept full responsibility for Our Child and by signing below give my/our permission for Our Child to participate in the Program. I understand that the City may take photographs or video of my child during the Program. I understand that the City may release my child's name along with his/her picture for publication in the newspaper, program brochures or fliers. I also understand that the City may use video footage of my child from the Program for public relations presentations. As parent/guardian, I/we hereby give my/our permission for, and understand that my/our child may participate in the following trips: Bowling, Swimming, PG Movies, Roller Skating and Ice Skating, along with other trips of which I/we will be notified.

RELEASE AND WAIVER OF LIABILITY

In consideration of Our Child being permitted to participate in the Program, I/We hereby acknowledge that we are fully aware of the potentially hazardous activities and conditions that Our Child may be exposed to when participating in the Program that may result in injury and hereby assume the risk and full financial responsibility of all such injuries that such activities or conditions may cause, including, without limitation, the risk of injury during transportation to and from the Program, or from negligence, negligent supervision, equipment failure, sharp objects, naturally occurring conditions or phenomena, obstructions, hidden conditions, animals, hot/cold objects, trespassers, unlawful acts of others, faulty design, slipping, falling, and/or violent contact with other participants. I/We do hereby waive, release, absolve, and agree to hold harmless the organizers, sponsors, supervisors, participants, the Polk County School Board, the City, and their employees from any and all liability, losses, damages or claims arising out of or resulting from injury or death to Our Child's during participation in the Program.

Parent/Guardian Signature

Date

Parent/Guardian Signature (if more than one)

Date