

# Lakeland Parks and Recreation Department CLUB SPLASH REGISTRATION

Office Use Only



\*Completion of this form DOES NOT constitute a camp reservation. Participants must complete the full registration process to secure a reservation. Address verification (driver's license & current utility bill) will be required at registration. Registration dates are listed on the website at [www.lakelandgov.net/parkrec](http://www.lakelandgov.net/parkrec) or in the "Playmaker."\*



Participant's Name \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Address \_\_\_\_\_  In City  Out of City  
Street City ZIP

Phone Number \_\_\_\_\_ Sex \_\_\_\_ School \_\_\_\_\_ Grade Completed \_\_\_\_

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) \_\_\_\_\_

I have received the Parent Manual.     Yes     No

### CERTIFICATE OF HEALTH

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") Club Splash 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 Aquatics 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: Swimming, Canoeing, scuba diving, surfing, tubing, wave pools and slides at Typhoon Lagoon. Along with other trips of which I/we will be notified.

### 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