



**Get Fit Program
REGISTRATION FORM**



Participant's Name: _____
(Last) (First) (Date of Birth - Age)

Address: _____ Primary Phone: _____

E-Mail Address (optional): _____

Mother: _____ Work #: _____ Cell _____

Father: _____ Work #: _____ Cell _____

OTHER CONTACTS IN CASE OF EMERGENCY (Must provide photo I.D. when picking up)

Name: _____ Phone/Relation: _____ Authorized to pick up? Yes No

Name: _____ Phone/Relation: _____ Authorized to pick up? Yes No

****Please check the box if the Participant is allowed to sign themselves in/out of the program. Yes ___ No ___**

List any sports or activities that your child participates in: _____

Does your child have an allergies that we should know about: _____

Does your child have any injuries that we should know about: _____

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PLEASE CIRCLE T-SHIRT SIZE

ADULT SIZE: SMALL, MEDIUM, LARGE, X-LARGE

Receipt # _____

The Participant and his/her parent or guardian agrees to release, discharge, indemnify and hold harmless the City of Miami Springs, it's officials, employees, agents and representatives and all of the foregoing's respective successors and assigns from, and waive all liabilities, losses, damages, costs, expenses (including, but not limited to, attorney's fees and expenses), causes of action, suits and claims of any nature whatsoever (collectively, the "Liabilities") arising from, based upon or relating to personal injury or death to, **or damage or loss of property** of the Participant or his/her parent or guardian sustained in connection with the Participant's participation in the Summer Camp Program. I also herby authorize and grant permission for the Parks & Recreation Department staff to take pictures of my child during summer camp hours. They will be group shots, not individual photos, and may be posted in the Gazette or City web-site:

Parents Signature: _____