

CITY OF EUSTIS
FACILITIES & RECREATION DEPARTMENT
PROGRAM REGISTRATION FORM
2214 E. Bates Avenue, Eustis, FL 32726
Telephone 352-357-8510 · Fax 352-357-3642

PROGRAM NAME: _____

Child's Name: _____ **Date of Birth:** ____/____/____
(Print Name) Month/Day/Year

Child's Age: _____ years old **Child's School Grade:** _____

School name: _____ **Teacher** _____

My Child will be: WALKING or WILL BE PICKED UP **BY:** (Name of Person) _____

Street Address: _____ **City** _____ **Zip Code** _____

Mailing address if different from Street Address: _____

Home Phone: _____

Mom or Guardian Name: _____ **Daytime Phone #:** _____

Dad or Guardian Name: _____ **Daytime Phone #:** _____

Person(s) to Contact in an Emergency:

Name: _____ **Relationship:** _____ **Phone:** _____

The City of Eustis, its representatives, and any associated sponsor reserve the right to deny participation or to direct a participant to leave the City facility or City-sponsored event, program or activity if the participant is not properly registered or if the participant is not obeying the rules for participating in the event, program, activity or use of the facility. Rules may include, but are not limited to: required registration; guardian or parental permission for minors; proper conduct; and sportsman-like conduct. . Additionally, the following behavior or actions will be grounds for immediate removal of a participant, parent or other person from the event, program, activity and/or the facility: use of offensive words or behavior; littering; and/or the use or possession of drugs, alcohol, weapons, etc.

RELEASE FORM

The City of Eustis requires that each participant (or the parent or guardian of a minor participant) in a City-sponsored event or program sign a release to the City of Eustis and any associated sponsor to hold them harmless from any and all accidents or injuries (including death) sustained while participating in the event, program or activity while upon the City's facility.

Do you consent to allowing photographs or videos of you or your child to be considered and / or used for publication? If you or your child are considered for any publication or video, we will contact you. **YES** **NO**

I hereby give my consent for my child to be transported for all off site field trips associated with the program.

I hereby release the City of Eustis, its representatives, and any associated sponsor from liability for injury, illness, or death suffered by myself or the minor I have signed for in connection with this event, program or activity. If I (participant) should suffer an injury or illness while participating in the event or while upon the facility's grounds, I authorize the officials of the event, program or activity to use their discretion to have me or the minor signed for transported to a medical facility for treatment and I will take full responsibility for this action.

Signature of Parent or Guardian (not a minor)

Date: _____

Check box if address is the same as child
If not, complete line below.

Print Name

Street Address or PO Box

City

Zip