



Auburndale Parks & Recreation Department

Program Registration

PAYMENT

In City	Out of City
Amount Paid _____	_____
Date Paid _____	_____

Program _____ Day _____ Time _____

Participant's Name _____ D.O.B. _____ Age _____ Male Female

Address _____
Street _____ City _____ Zip _____

Evening Phone _____ Day Phone _____ E-mail _____

Parent/Guardian's Name _____ Relationship _____

PARENTAL/PARTICIPANT AGREEMENT

I/We do hereby waive, release, absolve, and agree to hold harmless and indemnify the organizers, sponsors, supervisors, participants, the City of Auburndale and/or its employees for any claim arising out of injury originating from participation in any activity associated directly or indirectly with the program and understand that any medical costs resulting from any such injury will be borne by the undersigned.

Signature of Participant or Parent/Guardian (if under 18 years of age)

Date