



**Parks and Recreation Department
Cutler Ridge Park
10100 SW 200 St., Cutler Bay, FL. 33189
(305) 238-4166 / (305) 233-5457 (Fax)**



REGISTRATION FORM

Program: Summer Program 2010 Program Date(s): _____

Participant's Name: _____ Date of Birth: _____ Age: _____ M F

Medical Conditions: _____

Parent's/Guardian's Name: _____

Address: _____

Telephone: (Home) _____ Work: _____ Other: _____

EMERGENCY CONTACT AND AUTHORIZED PICK UP

Name: _____ Phone No. _____ D/L #: _____

Cell phone #: _____

Work phone: _____

Name: _____ Phone No. _____ D/L #: _____

Cell phone #: _____

Work phone: _____

Name: _____ Phone No. _____ D/L #: _____

Cell phone #: _____

Work phone: _____

GENERAL AGREEMENT / RELEASE

In consideration for the Town of Cutler Bay Parks and Recreation Department providing the requested program,

I, _____, (print name) do hereby:

- 1) Assume all risk of possible damage or injury through my participation in Town of Cutler Bay recreational programs.
- 2) Agree to compensate the Town of Cutler Bay for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse of the equipment.
- 3) Agree to indemnify and hold harmless the Town of Cutler Bay and/or its departments, agents or employees from any and all liability, claims, suits, losses, damages including attorney's fees at the trial and appellate court level, paralegal fees and investigative costs for injury to person or property arising out of my participation in the requested program.
- 4) Understand and agree to abide by all applicable rules and regulations as set forth herein and attached to this form. I further understand that I may be asked to vacate the premises and may forfeit my participation fee and/or security deposit if I fail to abide by these rules and regulations or any other reasonable request from the Town of Cutler Bay staff.
- 5) I certify that the above information is correct and that I have read and understand the rules and regulations governing this program.

Signature: _____ Date: _____

Parks & Recreation Official: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

Program Requested	Fee per day	Fee per wk.	Fee 2nd Child	Payment Information	
Registration Fee	\$10 per year			Amt. Due	
Summer Camp	\$16	\$50	\$45	Amt. Paid	
Spring Camp	\$16	\$50	\$45	Check # / Cash	
Winter Camp	\$16	\$50	\$45	Rec'd. By	
After School Program	\$0	\$0	\$0	Date	
Teacher's Workday	\$16	\$0	\$0		
Teacher's Workday (ASP member)	\$0	\$0	\$0	Balance Due	