



City of Hollywood, Florida
Department of Parks, Recreation and Cultural Arts
Youth Basketball Skills & Conditioning Camp Registration Form

Participant Information:

Last Name: First Name:
Address:
City, State, Zip:
Home Phone: Email Address:
Male: Female: Birth date:

Community Center Locations:

Washington Park ages 8-12 6pm-8pm Tues/Thurs
Washington Park ages 4-7 Sat 9am-12pm
Martin Luther King Jr. ages 8-12 6pm-8pm Mon/Wed

Uniform Information:

Circle one for shirt size: Youth S M L Adult S M L XL

Parent Information:

Would you be interested in being a volunteer coach? Yes No
(If yes, please include email address)

Mother's Name: Home Phone:
Cell Phone:
Father's Name: Home Phone:
Cell Phone:
Emergency Contact: Home Phone:

EMERGENCY MEDICAL AUTHORIZATION

It is understood that this agreement covers only those situations, which are true emergencies, and only when I cannot be reached. Otherwise, I expect to be notified immediately. I authorize a representative of the City of Hollywood to obtain immediate medical care and I consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child if an emergency occurs when I cannot be located immediately. I understand that I am responsible for payment of medical expenses.

Name of Medical Insurance: Name of Insurance Co.:
Policy No. Child's Physician/Clinic
Address Phone Number:
Date signed:
Signature of Parent/Guardian

**Release of Liability**

I do hereby release the City of Hollywood, Florida and its officers, agents, and employees from and against any and all claims or demands of any kind or nature that may accrue in my favor on account of my, or my child/ward's participation in, or being a spectator of any class, activity, or event sponsored by the City during Summer Camp, S.E.A. Camp, After School, and/or Recreation/Athletic Program. Furthermore, I agree to hold harmless the City, its officers, agents and employees from and against any and all claims or demands of any kind or nature incurred or arising out of my, or my child/ward's participation in, or being a spectator of any class, activity or event sponsored by the City during the Summer Camp, After School and/or Recreation/Athletic Program. The provisions of this release and hold harmless shall apply whether or not the claim or demand results in whole or in part from any negligent or comparative negligent act or omission on part of the City, its officers, agents or employees, or any combination thereof. Nothing in this agreement shall be construed to affect the City's rights, privileges and immunities under the doctrine of "sovereign immunity" and as set forth in section 768.28, Florida Statutes. I agree that the City has the right to remove any participant or spectator when, in the opinion of City staff, removal is in the best interest of the Camp, After School and/or Recreation/Athletic Program. I also agree that if my child/ward is removed, there will be no refund of any fee paid for the Camp/After School and/or Recreation/Athletic program, activity, or event. I also give permission for my child/ward to go on all field trips, sporting events, and any other off property activities associated with this program.

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

**Photo Release**

I hereby grant authorization to the City of Hollywood, Florida, to use my image or my child's image, in print, digital (web), or broadcast (video) format for the purpose of public information, public awareness or historical documentation of City events and programs. I give my consent freely with the understanding that no remuneration or compensation will be forthcoming.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date