205 E Fort Dade Ave, Brooksville, FL 34601 Phone 352-754-4031 Fax: 352- 754-4415
www.hernandocounty.us/parks_rec

PROGRAM REGISTRATION APPLICATION

LAST NAME (PROGRAM PARTICIPANT) FIRST NAME MIDDLE INITIAL HOME PHONE

ADDRESS CITY ZIP

WORK PHONE CELL PHONE EMAIL ADDRESS

PERSON TO NOTIFY IN CASE OF EMERGENCY HOME PHONE ALTERNATE PHONE

* PARENT / GUARDIAN IF PARTICIPANT IS UNDER 18

LAST NAME FIRST NAME MIDDLE INITIAL HOME PHONE

ADDRESS CITY ZIP

WORK PHONE CELL PHONE EMAIL ADDRESS

[ ] CPR [ ] First Aid [ ] Other _____

[ ] Soggie Doggie Parking $10 per car

[ ] S.D. Owner Look a Like sm__ med ___ Lg___ **$3 per**

[ ] S.D. Best Swim Suit Contest sm__ med___ Lg___ **$3 per**

[ ] S.D. Swim Race sm__ med___ Lg___ **$3 per**

[ ] Friday -Father Daughter Dance # of tickets_____

[ ] Women's Outdoor Weekend

[ ] Saturday - Father Daughter Dance # of tickets_____

[ ] Mother Son Dance # of tickets_____

MEDICAL RELEASE & WAIVER FOR PARTICIPATION

I, (Print Name) _____, hereby affirm that I/he/she is in good physical condition and does not suffer from any disability which would prevent or limit my/his/her participation in this recreation program. In consideration of my/his/her participation in Hernando County's the aforementioned program, myself/my child, (Print Name)_____, for myself, my heirs and assigns, hereby release Hernando County, its agents, representatives and employees, from any claims, demands and causes of action from my/my child=s participation in the aforementioned program. I understand that this waiver includes any claims based on negligence, action or inaction of Hernando County, its agents, representatives or employees.

I fully understand that I/he/she may injure myself/himself/herself as a result of my or his/her participation in Hernando County's aforementioned program and I / We hereby release Hernando County, its agents, representatives, officers or employees, from any liability now or in the future including, but not limited to heart attacks, and any other illness, soreness and injury however caused, occurring during, or after my/his/her participation in the aforementioned program.

In consideration for your accepting my/my child's entry into the program, I/We agree that the County will not be responsible or liable for paying any medical costs or expenses should medical care be required for any participant in the program. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

_____ _____

Date Signature of Participant, Parent, or Guardian

Payment accepted: Check, Money Orders, VISA, or MasterCard.

Payable to: HCRD or Hernando County Recreation Department.

SIGNATURE OF APPLICANT: _____ ***DATE:***_____

*PRINT NAME:*_____ **FEES DUE***:*_____

DATE RECEIVED: _____ ***BY:***_____ ***REGISTRATION IN CLASS BY:*** _____

PAID: $_____ ***[ ] MONEY ORDER or [ ] CHECK #***_____

Drivers License # _____***(CHECKS ONLY) [ ] VISA [ ] MASTERCARD APPROVAL #*** _____

PAYMENT RECEIVED / ENTERED IN CLASS BY_____ ***Mailed In:***_____ ***Phoned In:***_____