

City of Fort Lauderdale Parks and Recreation Department

HP Youth Soccer Registration 2024/25

Male _____ Female _____

Child's Name (Last) _____ (First) _____ DOB _____ Age as of 12/1/2024 _____

Address _____ Apt _____

City _____ State _____ Zip _____

Parent/Guardian Name(s) _____

School Child Attends: _____

Home Phone _____ Work Phone/Parent's Name _____

Cell Phone _____ Email Address _____

<input type="checkbox"/> I am interested in being a Head Coach	<input type="checkbox"/> I am a returning Coach
Name _____	Contact # _____ Email _____

Age Division: 5-6 7-8 9-10 11-12 13-15

Registration ends on <u>Friday, Nov 1st</u>:	Y.E.S Program: You may qualify for a Youth Enrichment Scholarship (Y.E.S). Applicants must bring proof that their child is currently on the School Board Reduced or Free Lunch Program and proof of City of Fort Lauderdale residency during normal registration hours.
Residents..... Sep 23rd - Nov 1st\$100	
Non Residents..... Sep 23rd - Nov 1st\$150	
Yes Fee (Residents Only).....\$25	

Circle a night of the week you <u>CANNOT</u> practice:				
MONDAY	TUESDAY	WEDNESDAY	FRIDAY	N/A

RELEASE FROM LIABILITY: Photo Release: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself, my child or the program participant(s) for publicity purposes.

INSURANCE RESPONSIBILITY: The participant or his guardian registered in the activities provided by the City of Fort Lauderdale understands that the participation may subject the participant to a certain degree of risk of injury, and that the City will not be liable for medical expenses or other claims for damages, based upon any property damage or personal injury as a result of these activities. Any insurance protection must be obtained by the participant.

MEDICAL RELEASE: If my child should become ill or injured and I can not be reached, I give permission for my child to be treated by a physician in an emergency.

In consideration of this registration in the activities provided by the City of Fort Lauderdale; I, _____, for myself and for my heirs, executors, and assigns and for my minor child or ward and my minor child's or ward's heirs, executors, and assigns do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my child's or ward's participation in activities offered by the City of Fort Lauderdale ("City"), and do hereby release, discharge, and covenant not to sue, City, and its officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I or my minor child or ward might have against City, or its officers, employees, agents, and volunteers, for any reason and agree to indemnify and hold harmless City, and its officers, employees, agents, and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my minor child's or ward's participation in any activity offered by City.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF FORT LAUDERDALE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF FORT LAUDERDALE IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF FORT LAUDERDALE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent/Guardian _____ Date _____