



CITY OF
MOUNT
DORA

PARKS AND RECREATION

Karate Adult Registration Form

Participants Name: _____

Gender: Male Female Date of Birth: _____

Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

Place of
Employment: _____

E-mail
Address: _____

Mailing Address:
Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact (other than parent): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date of Birth: _____

BACK 

Office use only

Registration taken by: _____

Date: _____

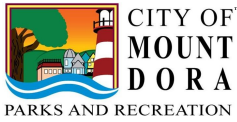
Shirt Size: _____

Received Shirt: Yes No

Amount Received: _____

Check Cash Credit

Copy of ID: Yes No



Waiver & Release of Liability

I _____, for myself, my heirs and personal representatives, hereby freely and voluntarily assume all liabilities, risks, injuries, and hazards incidental to participation in this Parks & Recreation Department Program whether due to my negligence or the negligence of others including transportation to or from said activity. I acknowledge the fact that this program may/or does involve physical contact with inherent risks or other conditions where injuries may occur. I do hereby waive, release, and agree to hold harmless to the City of Mount Dora Parks & Recreation Department, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations, and participants for any claim, demand liability, costs, suits, charges, or compensation for loss of injury of any kind arising out of a loss or an injury. I acknowledge that the City of Mount Dora Parks & Recreation Department will not assume any costs relating to any injury while I am involved in this activity. I acknowledge that, absent this Assumption of Risk, the City of Mount Dora Parks & Recreation Department or other sponsors of the activity would not have offered me access to this activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk-free.

In order to expedite the care of my (our) child named above, I (we) give permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival at the appropriate facility. I (we) agree to be financially responsible for my (our) child's treatment. I (we) also request that I (we) (or the alternate emergency contact person listed) be notified of my (our) child's condition and admission as soon as possible.

In the event of a life-threatening accident or illness, I (we) understand that The City of Mount Dora Parks and Recreation Department or its representatives, may contact 911 Services immediately. I (we) agree to be financially responsible for my (our) child's care and treatment.

I also hereby give permission for images of my child and I, captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of promotional material, social media and publications, and waive any rights of compensation or ownership there to.

Signature _____ **Date** _____

Insurance Information:

Company Policy Number _____

Name on Plan _____