

**CITY OF FORT WALTON BEACH - PARKS & RECREATION
REGISTRATION FORM**

ADULT PROGRAMS AND SPORTS

Program/Sport:	Team Name: (if applicable)
----------------	----------------------------

Name:	Date of Birth:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
-------	----------------	------	--

Address:	City/State/Zip
----------	----------------

Home Phone:	Cell	Work:	Sponsor: Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------	------	-------	--

E-Mail Address:

EMERGENCY CONTACT:	PHONE:
--------------------	--------

List any Health Concerns:

I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Fort Walton Beach Parks and Recreation Department, the organizers, sponsors, supervisors, participants, and persons transporting to or from activities, for any claim arising out of any injury to myself, except to the extent covered by any accident or liability insurance I may have.

I do hereby accept full responsibility for any item/items that have been loaned to me by the City of Fort Walton Beach. I further agree that should I fail to return these items within seven days after notification to do so, or if the items have been abused while in my custody to the extent that a replacement is required, I will pay to the City of Fort Walton Beach, the replacement cost of such items as may be necessary.

I grant the City of Fort Walton Beach and its representatives and employees the right to take and use photographs of me and my property with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and WEB content.

THERE WILL BE NO REFUNDS GIVEN ONCE LEAGUE HAS BEGUN _____ (initial)

Signature:	Date:
------------	-------

Parent Signature (if under 18)

**FWB Recreation Center
(850) 833-9576**