



**CITY OF GREENACRES  
DEPARTMENT OF LEISURE SERVICES  
REGISTRATION FORM**

Youth Athletics  
Senior Activities


**PARTICIPANT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE AS OF SEPT 1<sup>st</sup> \_\_\_\_\_

SPORT/ACTIVITY \_\_\_\_\_ EMAIL \_\_\_\_\_

T-SHIRT SIZE: Youth S M L Adult S M L XL 2X  Resident  Non-Resident  Male  Female  
(circle one)

**YOUTH ATHLETICS (only) - SIBLING REGISTRATIONS** *(use an additional sheet of paper, if necessary)*

**2<sup>nd</sup> CHILD'S LAST NAME** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE AS OF SEPT 1<sup>st</sup> \_\_\_\_\_

T-SHIRT SIZE: Youth S M L Adult S M L XL 2X

**3<sup>rd</sup> CHILD'S LAST NAME** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE AS OF SEPT 1<sup>st</sup> \_\_\_\_\_

T-SHIRT SIZE: Youth S M L Adult S M L XL 2X

**PARENT/EMERGENCY CONTACTS**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE # \_\_\_\_\_

**PARTICIPANT RELEASE/HOLD HARMLESS (for all activities/athletics)**

I/we hereby acknowledge and fully understand that I/we/my child(ren) will be engaging in recreational activities that may involve a risk of serious physical injury, including permanent disability and death. I/we further acknowledge that there may be other risks and hazards incidental to such participation, including transportation to and from program activities.

Furthermore, I/we hereby forever waive, release and hold harmless, the City of Greenacres, its employees, independent contractors, volunteers and/or participants from any and all claims arising out of bodily injury, loss of life and/or all other damages to my person, property or child(ren) as a participant in the program. I/we agree and acknowledge that this Release and Hold Harmless will apply and include any claims regardless of the City's own negligence. I/we understand that as a participant in a recreational program, accident insurance is not provided by the City of Greenacres.

In the event of an emergency, I/we hereby authorize the transportation to and treatment by the nearest hospital or an Emergency Medical Services Unit.

I/we further understand and agree that the City of Greenacres retains the right to dismiss me/us/my child(ren) from the program should my/our/their behavior endanger myself or others, and/or is detrimental to the program or the program's intended purpose.

Participant or Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PHOTO CONSENT AND RELEASE**

I hereby grant the City of Greenacres and its Leisure Services Department permission to use photographs of me and/or my child(ren) to promote Greenacres' Leisure Services programs and activities (i.e. promotional printed materials, informational displays, web site, presentations, etc.). In connection therewith, I release and hold harmless the City of Greenacres, the Leisure Services Department and their agents, servants or employees from any and all claims and causes of action for circumstances resulting from use of above photographs and/or statements. By my signature, agreement is given with the understanding that all expenses incurred in connection with production and/or use of above photographs and/or statements will be incurred in total by the City of Greenacres.

\_\_\_\_\_  
Participant or Parent/Legal Guardian (Please print)

\_\_\_\_\_  
Participant or Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date

**PARTICIPANT/PARENTS' CODE OF ETHICS**

- √ I hereby agree to provide positive support, care, and encouragement to all participants by following this Code of Ethics.
- √ I will encourage good sportsmanship by demonstrating support for all players, coaches, and officials at every game.
- √ I will place the emotional and physical well being of all participants ahead of any desire to win.
- √ I will refrain from using harsh, abusive, or profane language or aggressive behavior during, before or after any practice or game.
- √ I will provide support for coaches and officials working to provide a positive, enjoyable experience for all.
- √ I will demand a drug, alcohol, and tobacco-free sports environment for all, and I agree to assist by refraining from their use at all athletic events.
- √ I will remember that the game is for the children and not the adults.
- √ I will do my best to make sports fun for participants, and I will remember to honor the game and refrain from any unsportsmanlike behavior
- √ I will, and I will ask my child to treat players, coaches, fans and officials with respect, regardless of race, sex, creed, or ability.
- √ I will promise to help my child enjoy the youth athletics experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.

\_\_\_\_\_  
Participant or Parent/Legal Guardian (Please print)

\_\_\_\_\_  
Participant or Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date

**REGISTRATION FEES**

To register and pay in person at the Greenacres Community Center or by mail – complete and submit this form along with fee (City is not responsible for lost or indirect mailing). Visa or MC credit/debit cards are accepted for payment.

Checks payable to: "CITY OF GREENACRES"  
Mail or visit: Community Center  
(561) 642-2090/2092  
501 Swain Boulevard  
Greenacres, FL 33463

Monday-Thursday, 10:00am-8:00pm  
Friday, 10:00am-6:00pm  
Saturday, 9:00am-1:00pm  
Closed on Sunday

Visit our website at [www.ci.greenacres.fl.us](http://www.ci.greenacres.fl.us) to learn more about registering online for certain activities!

**REFUND POLICY:**

A "Request for Refund" form must be completed for all requests. Refunds will not be granted once games or show series begin; all other requests shall be subject to a 15% administrative fee. Exceptions may be granted on a case-by-case basis and/or with a doctor's note. \_\_\_\_\_ (participant or parent/guardian initial here)