

City of DeBary Parks and Recreation Department

ACCOUNT REGISTRATION FORM



- Make checks payable to **CITY OF DEBARY** – drivers license number must be written on all checks.
- There will be a \$30 service charge on all returned checks.
- Refund requests required before program or rental start date. A \$10 service fee deducted for refund check requests. You will also have the option to credit your account with us or refund to your credit card, with no service fees. No refunds after program starts or after the rental.
- In the event that a program is cancelled there will be a complete refund without a service fee.

MAIN HOUSEHOLD CONTACT INFORMATION

Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____

Cell Phone: _____ Carrier (needed to receive text reminders): _____

Agree to receive text messages

E-Mail address: _____

* Collection of your E-mail address is for the sole purpose of sending out future notifications. Your information will never be given out to third parties for any reason.

Date of Birth: _____

Emergency Contact (other than household members): _____

Relationship: _____ Phone Number: _____

FAMILY MEMBERS (Please list all others in the household)

Name: _____ Gender: M / F Age: _____ Date of Birth: _____

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Name: _____ Gender: M / F Age: _____ Date of Birth: _____

**PARTICIPANT HOLD HARMLESS AND PICTURE RELEASE FORM
PLEASE READ BEFORE SIGNING**

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

I/we hereby forever waive, release and hold harmless, the City of DeBary, 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 myself, my child(ren) or property with his/her participation in this program. I 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 or parent of a participant in a recreational program, accident insurance is not provided by the City of DeBary. In the event of an emergency, I/we hereby authorize the transportation to and treatment of my child by the nearest hospital staff or an Emergency Medical Services Unit.

I/we do hereby consent, authorize and grant permission to the City of DeBary, its agents, employees and duly authorized agents to copyright, publish and otherwise use images of myself and my child and/or recordings of myself and my child's voice in all print or electronic media and further consent to the publication, circulation dissemination and broadcast of said images and/or recordings for any purpose the City may deem proper.

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

Signature of Applicant

Date