

City of DeBary Parks and Recreation Department

ACCOUNT REGISTRATION FORM



ALL FIELDS MUST BE COMPLETED – Please allow up to 3 Business Days for Account Set Up once submitted

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 canceled there will be a complete refund without a service fee.

MAIN HOUSEHOLD CONTACT INFORMATION

Name: _____

Gender: Male Female **Date of Birth:** _____

Address: _____ **City:** _____ **Zip:** _____

**Two numbers must be provided for each household if registering for a Recreation Program.
Only one number can receive text notifications for updates and reminders.
Please check the box next to the number you would like the text notifications to be sent.**

Phone 1: _____ **Phone 2:** _____

Cell Service Provider *(required for text updates and reminders)* _____

Agree to receive text messages

E-Mail address: _____

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

Emergency Contact (other than household members): _____

Relationship: _____ **Phone Number:** _____

HOUSEHOLD MEMBERS (Please list all additional members of the household to include spouse and children)

Name	Gender	Age	Date of Birth
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		

**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

*By typing my name above, I understand and agree to the above in the form of an electronic signature