



567-8000 ext. 1-REC

INDIAN RIVER COUNTY RECREATION DEPARTMENT 1800 27TH Street Vero Beach, FL



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FOOTBALL REGISTRATION

Player's Name: _____

Player's Home Address: _____

Player's Home # _____

Mother's Info: _____ NAME WORK # CELL #

Father's Info: _____ NAME WORK # CELL #

Emergency Info: _____ NAME PHONE #

Emergency Info: _____ NAME PHONE #

Insurance Company: _____

Policy Number: _____

The player is a resident of:

- Unincorporated IRC City of Vero Beach
City of Sebastian City of Fellsmere
Town of Orchid Town of I.R. Shores
Brevard County St. Lucie County

I _____ would like to be a:

- NAME
Coach Assistant Coach
Team Sponsor Team Parent

How did you hear about our programs?

- Brochure Newspaper TV
Flyers Radio Other

REFUNDS WILL NOT BE GIVEN

CREDIT WILL BE GIVEN TO APPLY TO NEXT SESSION OF ACTIVITY OR OTHER DEPARTMENTAL ACTIVITY.

Please Note: All county parks, ball fields, and parking lots are SUBSTANCE FREE complexes. All alcohol, tobacco products and illegal substances are prohibited on the premises.

DATE _____ PARENTAL SIGNATURE _____

Years of Exp.
Previous Team
Date of Birth

OFFICE USE ONLY
Playing Age
Playing Weight
Height
Registration Fee
Birth Certificate
Flag Football
Junior Midget
Midgets
Juniors



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Accident Waiver and Release of Liability Non-Water Events

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those cause by terrain, facilities, temperature, weather, condition of athlete's equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Indian River County, Florida, School District of Indian River County, and the event holders, sponsors, and organizers, in which I may participate and that will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, Indian River County, Florida, School District of Indian River County, and their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

Initial: _____



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This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

Printed Name: _____ **Age:** _____

Signature: _____ **Date:** _____

If the applicant is under 18 years of age, the parents or guardians must execute the following waiver:

Parent/Guardian Waiver of Minors

The undersigned parent and/or natural guardian or legal guardian does hereby represent that he, is in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties on behalf of both the minor and the parents or legal guardian.

Printed Name of Parent or Guardian: _____

Signature: _____ **Date:** _____

Event: _____



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Consent to Medical Treatment of Minor

If the applicant is under 18 years of age, the parents or guardian must execute in addition to the minor.

I hereby authorize any duly authorized physician, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat myself or said minor for the purpose of attempting to treat or relieve any injuries received by myself or said minor while I or he was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure which he deems advisable if attempting to treat or relieve any injuries or any related unhealthy conditions of myself or said minor that he may encounter during any necessary operation.

I consent to the administration of anesthesia to myself and/or said minor as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of my treatment.

The undersigned parent and natural guardian or legal guardian of said minor does hereby represent that he is, in fact, in such capacity and agrees to save and hold harmless and indemnify Indian River County, Florida, School District of Indian River County and their directors, officers, employees, volunteers, agents and representatives, event holders, event sponsors, event directors, event volunteers, physicians, emergency medical technicians, paramedics, nurses, hospitals or other medical facilities from all liability, lost, cost, claim or defect in lack of such capacity to so act and release said parties on behalf of the undersigned.

Event: _____

Name of Minor: _____

Print or Type

Name of Parents or Guardian: _____

Print or Type

Address: _____

Street

City: _____ **State:** _____ **Zip:** _____

Minor's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____