



567-8000 ext. 1-REC

**INDIAN RIVER COUNTY
RECREATION DEPARTMENT
1800 27TH Street
Vero Beach, FL 32960
Fax # (772) 978-1780**



567-8000 ext. 1-REC

Program/League: _____ Date: _____

Rec. Staff Initial: _____ Amount Paid: _____ Birth Certificate: _____

REGISTRATION APPLICATION
PLEASE PRINT CLEARLY

Player's Name: _____ Age: _____ DOB: _____

Player's Home Phone: _____ Street Address: _____

City: _____ Zip Code: _____

I'm a resident of: _____ Unincorporated I.R.C. _____ City of Vero Beach
_____ City of Sebastian _____ City of Fellsmere _____ Town of Orchid
_____ Town of I.R. Shores _____ Brevard County _____ St. Lucie County

Mom's Name: _____ Cell # _____ Work # _____

Dad's Name: _____ Cell # _____ Work # _____

Emergency #1 _____ Emergency #2 _____

E-mail Address: _____ School: _____ Shirt Size: _____

**NAME OF COMPANY COVERING PARTICIPANT BY HOSPITALIZATION:
INSURANCE: _____ POLICY#: _____**

IMPORTANT NOTE ABOUT VOLUNTEERS! Volunteers are very important to our programs, your willingness to participate, will make our organization run more smoothly and better serve all involved. We can all help a little and make a big difference.

I would like to be a:

_____ Coach _____ Assistant Coach _____ Team Sponsor _____ Team Parent

How did you hear about our program?

_____ Brochure _____ Newspaper _____ TV
_____ Flyers _____ Radio _____ Other

*******REFUNDS WILL NOT BE MADE*******

You will be given a credit toward any recreation program, including use of pools.

DATE: _____ SIGNATURE: _____

REQUEST: _____



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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/she was a participant or observant at the event named below.

I authorize any licensed physician to perform any procedure which he/she deems advisable if attempting to treat or relieve any injuries or any related unhealthy conditions of myself or said minor that he/she 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 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: _____

Name of Parents or Guardian: _____

Address: _____

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

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

Parent or Guardian Signature: _____ **Date:** _____