



**INDIAN RIVER COUNTY  
RECREATION DEPARTMENT  
1800 27<sup>TH</sup> Street  
Vero Beach, FL 32960**



Program/League: \_\_\_\_\_

Date: \_\_\_\_\_ Rec. Staff Initial: \_\_\_\_\_ Amount Paid : \_\_\_\_\_

**REGISTRATION APPLICATION**

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female  
PLEASE CIRCLE

Family Name: \_\_\_\_\_ Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best number to call: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ School: \_\_\_\_\_

**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

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

**UNDERSIGNED AGREES THAT A CREDIT TOWARDS RECREATION  
ATHLETIC PROGRAM WILL BE GIVEN**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

REQUEST: \_\_\_\_\_

**RELEASE, WAIVER, COVENANT NOT TO SUE, INDEMNITY AND  
ASSUMPTION OF RISK AGREEMENT; AGREEMENT TO USE  
LIKENESS OR IMAGE**

**(ACTIVITY)**

Please Read Carefully

In consideration of Indian River County allowing the undersigned and, if applicable, his or her minor children and/or wards (collectively "Children"), to participate in the following activity

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(the "Activity"), the undersigned, after carefully reading and understanding this agreement, hereby knowingly and voluntarily (a) releases, satisfies and discharges Indian River County, including its commissioners, officers, employees and agents (collectively the "County") from any and all claims, causes of action, losses, damages, expenses or liabilities of any type whatsoever, arising out of any personal injury, death or property damage occurring during the course of, or relating in any way to, the Activity (collectively "Claims"), (b) irrevocably waives all Claims, (c) agrees that the County shall have no liability with respect to any Claims, and agrees not to sue the County with respect to any Claims, (d) agrees to defend, hold harmless and indemnify the County with respect to any Claims, including reasonable attorneys fees, (e) acknowledges and assumes all risk of personal injury, death or property damage occurring during the course of, or relating in any way to, the Activity, and (f) acknowledges and agrees that sections (a), (b), (c), (d) and (e) above shall apply to any Claims accruing or arising at any time after the date of this agreement through completion of the last and final event relating in any way to the Activity, and shall apply to any Claim based, in whole or in part, upon any negligence by the County.

In addition to the above, I agree that the County may use and publish any photographs, video or digital images of me and/or any Children in any media (e.g., print, television, etc) for the purpose of advertising or promoting the County generally, or the Activity.

This agreement has been signed by the undersigned on behalf of himself/herself, and on behalf of any Children, and shall be binding upon the undersigned and any Children, and the personal representative or heirs of the undersigned and any Children.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

List Children, if any:

\_\_\_\_\_



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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:** \_\_\_\_\_



## Parents' Code of Ethics

*I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parents' Code of Ethics:*

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all sports events.
- I will remember that the game is for youth-not adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

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Date

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Parent's Signature