



City of DeLand Parks & Recreation Dept.

Class/Program Registration Form

Call 386-740-5800 For More Information



REGISTER BY MAIL OR IN PERSON

1. Complete & sign this form (one per person).
2. Write your driver's license number & phone number on your check. Make check payable to: City of DeLand (unless otherwise noted).
3. Sign the Release of Liability.
4. Mail or bring all documents to: City of DeLand Parks & Recreation Department, 230 N. Stone St., DeLand, FL 32720. (Allow five days for mail time).
5. If mailing, keep in mind that our classes do have a maximum number of participants and we fill our classes on a first come, first serve basis.
6. Include a copy of the child's birth certificate, if applicable. See class/program description.
7. Keep a copy of this form and take it with you on the first day of the program.

Please write in class(es) you are signing up for and the dates and time of the class(es).

Class/Program: _____ Date: _____ Time: _____

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Name: _____ Age: ___ Grade: ___ School: _____ M: ___ F: ___ Address: _____

City: _____ Zip: _____

Phone: Home: _____ Work: _____ Other: _____

Emergency Contact: _____ Cell: _____ Other: _____

Email Address: _____ As parent, are you interested in coaching? _____

Total Fee: Resident: \$ _____ Non-Resident: \$ _____

T-Shirt Size: (circle) Youth: Small Medium Large Adult: Small Medium Large X-Large XX-Large XXX-Large

Short Size: (circle) Youth: Small Medium Large Adult: Small Medium Large X-Large XX-Large XXX-Large

NO REFUNDS UNLESS CLASS IS CANCELLED BY THE PARKS & RECREATION DEPARTMENT

RELEASE OF LIABILITY

As a participant engaging in a recreational activity of the City of DeLand, I assume all risks and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of DeLand or its officers, agents employees and/or representatives for any claim arising out of an injury while participating in said activity. I am aware that the City of DeLand does not carry accident or personal liability insurance. Teams and Players participate at their own risk. I hereby certify I am eligible according to DeLand Recreation Program Rules and hereby agree to abide by such rules and regulations. I also acknowledge that the Parks and Recreation Department can adjust any rules at anytime during the program. I grant my full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for the City of DeLand informational promotional use. Signing below states I agree to these conditions and I release liability for myself and or my child(s) to participate in this recreational activity.

Signature of Participant OR Parent/Guardian
(for participants under 18 years of age)

PRINT Name of Parent/Guardian

Date

OFFICE USE ONLY

Fees: \$ _____ Date Paid: _____ Cash () Check # _____ Money Order # _____

Birth Certificate (if applicable): _____ Driver's License #: _____

Office Staff Signature: _____