

CITY OF FELLSMERE - RECREATION DEPARTMENT
21 S. Cypress Street
Fellsmere, Florida 32948-6714
772-571-0116

PROGRAM LEAGUE: _____

DATE: _____ RECREATION RECEIVER INITIALS: _____
RECEIPT #: _____ AMOUNT PAID: _____

REGISTRATION APPLICATION
(PLEASE FILL IN ALL BLANKS WHERE APPLICABLE)

NAME: _____ AGE: ____ DOB: __ / __ / ____ SHIRT SIZE: ____
STREET ADDRESS: _____

MAILING ADDRESS: _____
(IF DIFFERENT FROM STREET ADDRESS)

DO YOU LIVE IN THE CITY LIMITS: YES ____ NO ____

HOME PHONE: _____ EMERGENCY PHONE: _____

NAME OF COMPANY PROVIDING HOSPITALIZATION INSURANCE _____
POLICY # _____

SIGN THE HOLD HARMLESS AGREEMENT ATTACHED

REFUNDS WILL NOT BE MADE. YOU WILL BE GIVEN A CREDIT TO APPLY TO NEXT SESSION OF ACTIVITY OR OTHER DEPARTMENTAL ACTIVITY.

IF YOU DO NOT HAVE INSURANCE PLEASE SIGN WAIVER BELOW

I, _____, PARENT OR LEGAL GUARDIAN OF
_____ A PARTICIPANT IN THE CITY OF FELLSMERE RECREATION
ACTIVITIES, DO NOT POSSESS HOSPITALIZATION OR MEDICAL INSURANCE,
THEREFORE, I UNDERSTAND AND AGREE TO ASSUME ALL RESPONSIBILITY FOR
MEDICAL COSTS INCURRED IN THE EVENT OF ANY INJURY TO ANY INJURY TO ABOVE
NAMED CHILD AS A RESULT OF THE CHILD'S PARTICIPATION IN PARTICIPATION IN
FELLSMERE RECREATION DEPARTMENT ACTIVITIES.

APPLICANT'S SIGNATURE

DATE: _____

WITNESS
YOUTH REC SIGN UP.DOC