



**CITY OF WEST PARK**  
**PARKS AND RECREATION DEPARTMENT**  
**SENIOR PROGRAM REGISTRATION FORM**

No. \_\_\_\_\_

Mary Saunders Park  
4750 SW 21<sup>st</sup> Street  
West Park, FL 33023

McTyre Park  
3501 SW 56<sup>th</sup> Avenue  
West Park, FL 33023

BY COMPLETING AND SIGNING THIS REGISTRATION FORM, THE APPLICANT HEREBY AGREES TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF WEST PARK AND THE CITY'S PARKS AND RECREATION DEPARTMENT. APPLICANT FURTHER AGREES TO INDEMNIFY AND HOLD THE CITY HARMLESS FROM ANY INJURIES RECEIVED AS A RESULT OF THE APPLICANT'S USE OF CITY FACILITIES AND/OR EQUIPMENT.

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ City: \_\_\_\_\_, FL Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Ethnicity \_\_\_\_\_ Do you live alone: Yes \_\_\_ No \_\_\_ If No, with whom? \_\_\_\_\_

Name of closest living relative): \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_  
(Names and Phone Number – Contact # 1) (Names and Phone Number – Contact # 2)

Medical Conditions/Allergies/Limitations: \_\_\_\_\_

<p><b>MEDICAL INFORMATION:</b></p> <p>Doctor's Name: _____</p> <p>Doctor's Phone Number: _____</p> <p>Medications: _____</p> <p>Any other pertinent information: _____</p> <p>_____</p> <p>_____</p>	<p><b>Insert Picture Here</b></p>
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**GENERAL AGREEMENT / RELEASE**

In consideration for my participation in the City of West Park's Senior Program and my use of the City's Parks and Recreation facilities,

I, \_\_\_\_\_, do hereby:  
(Print Name)

- 1) Assume any and all risk of damage or injury through my use of City of West Park recreational facilities.
- 2) Agree to compensate the City of West Park for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse of equipment.
- 3) Agree to indemnify and hold harmless the City of West Park and/or its departments, agents, staff or employees from any liability arising out of my use of City of West Park facilities and/or equipment.
- 4) Understand and agree to abide by all applicable rules and regulations of the City and its Parks and Recreation Department. I further understand that I may be asked to leave the premises and may face suspension or be barred from further participation in the Program if I fail to abide by these rules and regulations or any other reasonable request from City of West Park staff.
- 5) Certify that I am in normal health. I understand that the City is not responsible for any illness or injury that occurs as a result of my participation in this Program. I further give my permission for emergency medical treatment to be administered to if/when necessary. I agree that I will be financially responsible for any such treatment administered.

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

Parks & Recreation Official: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_