

# ACTIVITY REGISTRATION FORM

**Royal Palm Beach Cultural Center**  
 151 Civic Center Way, Royal Palm Beach, FL 33411  
 PH: (561) 790-5149 FAX: (561) 753-1138  
 www.royalpalmbeach.com



## PROOF OF RESIDENCY

VALID PHOTO IDENTIFICATION IS REQUIRED TO QUALIFY FOR RESTRICTED PROGRAMS AND RESIDENT FEE SCHEDULE

## HOUSEHOLD INFORMATION

FAMILY NAME: \_\_\_\_\_ ADULT LAST NAME FIRST NAME: \_\_\_\_\_ ADULT FIRST NAME

ADDRESS: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACTS: \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE IS THIS A NEW ADDRESS? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ ALTERNATE / CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ NAME / RELATIONSHIP \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

## PARTICIPANT INFORMATION

PARTICIPANT: \_\_\_ MALE \_\_\_ FEMALE DATE OF BIRTH \_\_\_\_\_

SPECIAL NEEDS, ALLERGIES & IMPORTANT MEDICAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACTIVITY INFORMATION

ACTIVITY	DAY(S)	START DATE	TIME	FEE
PLEASE MAKE CHECKS PAYABLE TO: VILLAGE OF RPB			TOTAL	

## PLEASE READ AND SIGN

### RELEASE OF ALL CLAIMS

I understand that participation can involve many RISKS and INJURIES, including, but not limited to, death, serious neck and spinal injuries and other serious injuries or impairment to the body.

As the parent / legal guardian of a minor or as a participant in activities of the Parks & Recreation Department, I hereby, agree to hold the Village of Royal Palm Beach, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation or the participation of my child/ward in activities related to the Recreation Department Programs.

The terms hereof shall serve as a release for my heirs, estate, executor, and administrator, assignees and for all members of my family.

"I have read the foregoing and understand and will abide by all of the principals and regulations contained therein."

PARTICIPANT/GUARDIAN PRINT NAME: \_\_\_\_\_ PARTICIPANT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### REFUNDS

All refund requests must be made in writing. An administrative fee of \$10 will be charged for all participant requested refunds; additional charges may apply if participant has received uniforms or supplies. No refunds will be issued after the second meeting of any activity. The complete refund policy is available at the Parks & Recreation Department administrative office.

### PHOTO RELEASE

The Village of Royal Palm Beach Parks & Recreation Department may videotape or photograph participants enrolled in Recreation programs; or may take photographs of people in public parks. These photographs and/or videotapes may be used in future marketing materials.

### Office Use Only

TOTAL DUE: \_\_\_\_\_ R \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Visa/MC \_\_\_\_\_

\$ \_\_\_\_\_ NR \_\_\_\_\_ Accepted by: \_\_\_\_\_ Inputted by: \_\_\_\_\_ Receipt # \_\_\_\_\_