CITY OF RIVIERA BEACH PARKS & RECREATION DEPARTMENT **REGISTRATION FORM**

**TO REQUEST A REFUND – YOU MUST SUBMIT THE ORIGINAL RECEIPT APPROVED REFUND

REQUESTS WILL BE GRANTED WITHIN FOUR (4) WEEKS AFTER SUBMITTAL.** **DIRECTIONS:** Exit on I-95 & Blue Heron Boulevard to"S" Avenue – Parks and Recreation Administrative Office

Program:		
M.O #:	Level:	Session #:
Fee: \$ Amount Enclosed: \$	Receipt #:	
Participant's Name:	it the table	
D.O.B:/Age:	_ Sex: Male / Female	
Address:	I PUNY	
Address:City:	State:	Zip:
Phone:		
Parent Name/Emergency Contact:		
	Alt Phone:	
Insurance Information Provided: Yes / No	Provider:	
Previous Team:	Assigned Team:	
	L/GUARDIAN CONSENT	
injury or diseases of a temporary or permanent nature incurred against the City of Riviera Beach Recreation and Parks De undersigned does hereby assume said risk as one of the ordin Riviera Beach harmless in the event of disablement injury BEHAVIOR: Additionally, violent behavior WILL NOT BE T escorted from the program and suspended from a minimum of	epartment, City of Riviera Beach nary risks of participation in said y or disease named by the und OLERTED. Any participant who of three (3) scheduled games.	, Florida and/or employees thereof and the program, and consequently holds the City of dersigned in the program. PARTICIPANT
Signature of Parent/Guardian (if under 18 years of a	age) Date	11 4 11
Print Name	 Email Add	dress
Print Name		
	d money to: City of Riviera	Beach
	Parks a	and Recreation Department
etach and bring/mail all registration materials and	Parks a 1621 W	and Recreation Department Vest Blue Heron Boulevard
Print Name Detach and bring/mail all registration materials and Special Requests:	Parks a 1621 W	and Recreation Department

registrations done in person, you may make payments by CASH/ MONEY/CREDIT/DEBIT CARD ORDER only - NO CHECKS. Please make money orders payable to the City of Riviera Beach. Form must be completed in its entirety using ink only; all information is required at time of registration. No incomplete registration will be taken; there will be no pending files.

REFUND POLICY:

- -Administration fee before class starts is \$15.00 or 15% whichever is less
- -0% Credit or refund after 1st class/Practice
- -No Refund will be issued if notified after the session has begun. (All Programs)
- -Please allow 4 to 6 weeks before refund is mailed to you.
- -A doctor's note will create a pro-rated refund.

(Must return original receipt to P&R Admin. Office. Mailing address and contact phone number must be indicated on back of receipt).