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 TWO (2) WEEKS AFTER SUBMITTAL.****

DIRECTIONS: Exit on I-95 & Blue Heron Boulevard to" S" Avenue – Parks and Recreation Administrative Office located at the Barracuda Bay Aquatics Water Park Site.

……**PLEASE COMPLETE FORM IN ITS ENTIRETY – PRINT LEGIBLY**.....

Program/Sport:_____ **Returning Player:** Yes ☐ / No ☐

M.O #:_____ Level:_____ Session #:_____

Fee: $_____ Amount Enclosed: $_____ Receipt #:_____

Annual Physical: Yes ☐ / No ☐ **Date of Physical:**____/____/____ **Physical Expires:**____/____/____

Participant's Name:_____ Certificate of Birth Enclosed: Yes ☐ / No ☐

D.O.B:_____/_____/_____ Age:_____ Sex: Male / Female T-Shirt Size: _____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell Phone:_____

Parent Name/Emergency Contact:_____ Relation:_____

Emergency Contact Phone:_____ Alt Phone:_____

Insurance Information Provided: Yes ☐ / No ☐ Provider:_____

Previous Team:_____ Assigned Team:_____

PARENTAL/GUARDIAN CONSENT

PARTICIPANT HOLD HARMLESS: As a condition of participation in this program, the undersigned agrees that in the event of disablement injury or diseases of a temporary or permanent nature incurred by the participant while in the program, that all claims or liabilities are waived against the City of Riviera Beach Recreation and Parks Department, City of Riviera Beach, Florida and/or employees thereof and the undersigned does hereby assume said risk as one of the ordinary risks of participation in said program, and consequently holds the City of Riviera Beach harmless in the event of disablement injury or disease named by the undersigned in the program. **PARTICIPANT BEHAVIOR:** Additionally, violent behavior **WILL NOT BE TOLERTED.** Any participant who engages in inappropriate behavior will be escorted from the program and suspended from a minimum of three (3) scheduled games.

_____ _____

Signature of Parent/Guardian (if under 18 years of age) Date

_____ _____

Print Name Email Address

Detach and bring/mail all registration materials and money to: City of Riviera Beach
Parks and Recreation Department
1621 West Blue Heron Boulevard
Riviera Beach, Florida 33404

Special Requests:_____

Register and pay for all youth and adult classes/activities **in person** at the Parks and Recreation Department located at 1621 West Blue Heron Boulevard or **register by mail** (keep copies of all documents for yourself) – just complete and send in this form along with fee (we are not responsible for lost or indirect mailing). Enrollment for classes fills quickly, so please register early. **MUST submit copies of birth certificates, annual physical and insurance information** as required by the programs you register for. Complete refunds will be issued if class is cancelled. Full and partial refunds are issued according to the refund policy stated below. For all mail registrations payments should be made by **money order only** (no cash or personal checks please). For registrations done in person, you may make payments by **CASH OR MONEY 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 2nd class
-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).

**Please fill in each field, if it does not apply to you please put N/A.

CITY OF RIVIERA BEACH – PARKS AND RECREATION
1621 West Blue Heron Blvd., Riviera Beach, FL 33404 * Phone: (561) 845-4070 * Fax: (561) 842-2731
Office Hours: Monday – Friday: 8:30 AM to 5:00 PM