

Eagles Enrollment Form 2020-2021
 CAPE CORAL RESIDENT: _____ NON-RESIDENT: _____

1ST CHILD

2ND CHILD

Child's Last Name, First Name		
Date of Birth		
Home Address w/ zip code:		
Emergency Contact		
School child is attending:		
"TEEN" rated video and computer games permission Yes/No:		
Other Needs (i.e.- allergy/medication/custody/conditions):		

Parent/Guardian Information:

Custodial Parent(s)/Legal Guardian(s)		
Relationship to Child:		
Home Address w/ zip code:		
Place of Employment:		
Work/Cell Phone:		
Driver's License & Exp. Date:		

Persons who have permission to remove child from facility, in addition to the names above. Or Contact in case of illness, accident, discipline problems, or emergency.

Name			
Relationship to Child:			
Home Address w/ zip code:			
Place of Employment:			
Work/Cell Phone:			

Physician Information (911 will be contacted in case of emergency)

Child's Physician Name	Phone Number	Physicians Address

Parent Release: I have enrolled the above-named child and my signature below indicates that I release the City of Cape Coral and any persons connected with said City from blame or responsibility in case of accident or injury incurred during the operations of this program. There is no medical coverage included in this registration for any program offered by Parks & Recreation. By participating in these programs, I assume medical insurance responsibilities. I understand in the case of emergency, 911 will be called and I hereby authorize the doctors at the designated hospital to treat my child for any injury or illness occurring during Parks & Recreation programs. I have been notified, in writing, of Cape Coral Parks and Recreation's rules and policies, including the discipline practices followed by this program. The Cape Coral Parks and Recreation Department reserves the right to deny registration to any program and to charge fees where applicable. Further, I give full permission to any and all if the foregoing photographs, video tapes, recordings, or any other record of this event for legitimate purposes. I understand refunds are only available if the class/program is changed or cancelled, excluding those cancelled due to an act of nature. **Refunds will not be issued once program has begun, unless accompanied by a medical excuse. No Refunds /credits for missed days within a session. All requests must be submitted in writing.**

Signed by Custodial Parent/Legal Guardian: _____ Date: _____

YOUTH CENTER/EAGLE SKATE PARK HOLD HARMLESS AND RELEASE AGREEMENT

I, _____, ON MY OWN BEHALF OR AS THE PARENT AND/OR LEGAL GUARDIAN OF _____, A MINOR, HAVE ENROLLED MYSELF OR THE AFORESAID MINOR IN THE YOUTH CENTER/EAGLE SKATE PARK PROGRAM OF THE CITY OF CAPE CORAL PARKS AND RECREATION DEPARTMENT AND/OR THE CITY OF CAPE POLICE DEPARTMENT. MY SIGNATURE BELOW INDICATES THAT I HEREBY AGREE TO HOLD HARMLESS, RELEASE, AND INDEMNIFY THE CITY OF CAPE CORAL AND ANY OF ITS AGENTS, EMPLOYEES, OR OFFICERS, OR OTHER PERSONS UNDER ITS CONTROL FROM ANY DAMAGES, INJURIES, ACTIONS, SUITS, CLAIMS, OR DEMANDS OF WHATEVER KIND, INCLUDING ANY CLAIMS FOR DAMAGES OR PERSONAL INJURIES:

- MADE BY ME ON BEHALF OF MYSELF OR THE AFORESAID MINOR; OR
- MADE BY OTHERS AGAINST ME OR THE AFORESAID MINOR AND AGAINST THE CITY OF CAPE CORAL;

ARISING FROM, PERTAINING TO, OR RESULTING, EITHER DIRECTLY OR INDIRECTLY, FROM THE PARTICIPATION BY ME OR THE AFORESAID MINOR IN THE ACTIVITIES OF THE YOUTH CENTER/EAGLE SKATE PARK PROGRAM.

I FURTHER ACKNOWLEDGE THAT PARTICIPATION IN THE PROGRAM COULD RESULT IN UNANTICIPATED PHYSICAL OR EMOTIONAL INJURY OR EVEN DEATH TO MYSELF OR THE AFORESAID MINOR. I EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL OF THE RISKS EXISTING IN THIS PROGRAM. MY OR THE AFORESAID MINOR'S PARTICIPATION IN THIS PROGRAM IS PURELY VOLUNTARY, AND I ELECT TO PARTICIPATE IN SPITE OF THE RISKS.

IF I OR THE AFORESAID MINOR SHOULD SUFFER ANY ILLNESS OR INJURY WHILE ATTENDING THE PROGRAM, I AUTHORIZE MEDICAL PERSONNEL, AS THE CITY OF CAPE CORAL MAY DESIGNATE, TO CARRY OUT ANY MINOR MEDICAL TREATMENT DEEMED NECESSARY OR TO TRANSPORT MYSELF OR THE AFORESAID MINOR TO A MEDICAL FACILITY/EMERGENCY ROOM OF THE NEAREST HOSPITAL FOR TREATMENT, IF REQUIRED. I UNDERSTAND THAT THERE IS NO MEDICAL COVERAGE INCLUDED IN THIS REGISTRATION FOR ANY PROGRAM OFFERED BY THE YOUTH CENTER. I HAVE BEEN NOTIFIED, IN WRITING, OF THE CAPE CORAL PARKS AND RECREATION'S AND/OR THE CAPE CORAL POLICE DEPARTMENT'S RULES AND POLICIES, INCLUDING THE DISCIPLINE PRACTICES FOLLOWED BY THIS PROGRAM. THE CAPE CORAL PARKS AND RECREATION DEPARTMENT AND/OR THE CAPE CORAL POLICE DEPARTMENT RESERVE(S) THE RIGHT TO DENY A MINOR REGISTRATION TO ANY PROGRAM AND TO CHARGE FEES WHERE APPLICABLE.

FURTHER, I GIVE FULL PERMISSION TO ANY AND ALL OF THE FOREGOING TO USE PHOTOGRAPHS, VIDEO TAPES, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGALLY ACCEPTABLE PURPOSES.

IN ADDITION, I UNDERSTAND THAT ANYONE PICKING UP THE AFORESAID MINOR WILL BE ASKED FOR PHOTO IDENTIFICATION AND ONLY THOSE PERSONS THAT I HAVE LISTED ON THIS APPLICATION WILL BE PERMITTED TO PICK UP THE AFORESAID MINOR.

LATE FEE POLICY:

I UNDERSTAND AND WILL ADHERE TO THE CAPE CORAL PARKS AND RECREATION'S LATE FEE POLICY. I UNDERSTAND A CHARGE OF \$1.00 PER MINUTE, PER FAMILY BEYOND THE CONCLUSION OF THE YOUTH CENTER/EAGLE SKATE PARK PROGRAMS WILL BE CHARGED. I UNDERSTAND IF I PICK UP THE AFORESAID MINOR LATE, THEN MY BALANCE MUST BE PAID IN FULL IN ORDER FOR MY CHILD TO CONTINUE TO ATTEND THE PROGRAM. AFTER 2 OCCURRENCES, THE AFORESAID MINOR'S ENROLLMENT WILL BE REVIEWED.

REFUND POLICY:

I UNDERSTAND REFUNDS ARE AVAILABLE ONLY IF THE CLASS/PROGRAM IS CHANGED OR CANCELLED, EXCLUDING THOSE CANCELLED DUE TO AN ACT OF NATURE. REFUNDS WILL NOT BE ISSUED ONCE THE PROGRAM HAS BEGUN, UNLESS ACCOMPANIED BY A MEDICAL EXCUSE. NO REFUNDS/CREDITS ARE AVAILABLE FOR MISSED DAYS WITHIN A SESSION. ALL REQUESTS FOR REFUNDS MUST BE SUBMITTED IN WRITING.

IF UNDER 18: Name of Parent/Legal Guardian: (PLEASE PRINT) _____

Parent/Legal Guardian Signature: _____ Date: _____

IF 18 & OVER: Member Signature: _____ Date: _____

Witness (STAFF MEMBER) Signature: _____ Date: _____