

PROGRAM NAME: \_\_\_\_\_



**PALM HARBOR RECREATION  
REGISTRATION**  
1500 16<sup>th</sup> Street  
Palm Harbor FL, 34688



NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SESSION(S) ATTENDING: \_\_\_\_\_

PHONE : (\_\_\_\_) \_\_\_\_\_ CELL : (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Child Release (Names who will pick up child, ID may be required):  
\_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

T-SHIRT SIZE: (SPORTS ACTIVITIES ONLY) **YS YM YL AS AM AL AXL**  
(T-shirts are not included in all programs)

HOW DID YOU HEAR ABOUT THIS PROGRAM? \_\_\_\_\_

**I HEREBY GIVE PERMISSION TO DEPARTMENT PHOTOGRAPHER'S TO USE MYSELF OR MY CHILD'S NAME AND PHOTOGRAPHIC LIKENESS IN ALL FORMS AND MEDIA.**

**I AGREE**     **I DECLINE**

I hereby declare that I shall not hold the Palm Harbor Recreation League or Palm Harbor Community Services Agency, nor any of their staff, instructors, or officials responsible for any accident/ injury sustained by the above named during Recreation activities. I further declare that in the event of accident injury emergency, and I am unable to give my consent, I now hereby give my consent for the above named to obtain medical treatment at the nearest medical facility or by the nearest medical doctor; that I will not hold the medical doctor or facility liable for emergency treatment and that I will be responsible for payment of such services.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name

**NOTE: ALL PARTICIPANTS FEE'S MUST BE RECEIVED PRIOR TO PLAYING TO THE START OF THE SEASON. PLEASE NOTIFY OUR DEPARTMENT IMMEDIATELY IF FINANCIAL ARRANGEMENTS ARE NECESSARY TO EXPEDITE PAYMENT OF FEES PRIOR TO THE BEGINNING OF THE SEASON.**

**NOTICE: A TWENTY-FIVE (\$25.00) FEE WILL BE CHARGED FOR ALL RETURNED CHECKS. MAKE CHECKS PAYABLE TO PHCSA**

-----  
**FOR OFFICE USE ONLY**

**AMOUNT PAID** \_\_\_\_\_ **CHECK# CASH** \_\_\_\_\_ **APPROVED** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ **Valid phone number** \_\_\_\_\_