



REGISTRATION FORM

Program: _____

Ages: 5 – 17 years old

Please check the Reservation that you are registering for: BC BR HW IM FT. PIERCE NR

PARTICIPANT INFORMATION

Participant's First Name:		Last Name:	
Address:		City/State/Zip:	
Date of Birth:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Grade
Parent /Legal Guardian Name:		Contact Ph.#: ()	
Check one (if applies): <input type="checkbox"/> STOF Descendant <input type="checkbox"/> Community Resident <input type="checkbox"/> Non-Resident Tribal Member			

MEDICAL INFORMATION

Please indicate (below) any medical issues/concerns, allergies or medical conditions relevant to the participant :

Medication(s): How often to be taken?

PARENT/LEGAL GUARDIAN INFORMATION

Mother/Guardian:	Cell Ph. # ()	Other # ()
Father/Guardian:	Cell Ph. # ()	Other # ()
Emergency Contacts:		
Name:	Relationship:	Cell #: ()
Name:	Relationship:	Cell #: ()
Name:	Relationship:	Cell #: ()

AUTHORIZATION FOR RELEASE OF INFORMATION

School (Name): _____

Check/indicate the information records requested: Current Grades (GPA) Report /Progress Cards
 Attendance Records Disciplinary Records Other: _____

I hereby authorize the disclosure/release of records and pertinent information as indicated above to the Recreation Department (Person/Agency) for Recreation purposes only. All records obtained are deemed strictly confidential and cannot be released by the recipient without my written consent.

I understand this authorization will remain in effect for (one) 6 Mths. 1 Yr.; with an expiration date of _____.

I acknowledge that I have been informed and I understand my rights regarding the transfer/release of these records. I hereby state that the information included on this form is correct.

Parent/Legal Guardian Signature: _____ **Date:** _____

**RECREATION DEPARTMENT
ACKNOWLEDGMENT AND ASSUMPTION OF RISK
GENERAL RELEASE AND COVENANT NOT TO SUE**



I, _____, the undersigned, hereinafter Releasor, for and in consideration of being permitted to participate in _____ (activities) with the Seminole Tribe of Florida on Seminole Indian Reservations (hereinafter Premises) do hereby voluntarily assume the risks and consequences of participating in _____ (activities) on said Premises. The Releasor hereby knowingly, freely, and voluntarily releases, waives, acquits, and discharges the United States of America, the Seminole Tribe of Florida, the Seminole Tribe of Florida, Inc., the Seminole Indian Communities and any of their Tribal Council members, Tribal members, officers, directors, employees, agents, shareholders, and volunteers together with their heirs, personal representatives, successors, assigns, all referred to as Releasees, from liability to me, my representatives, assigns, heirs, and next-of-kin for all loss or damage, and any claims therefor brought by, or on behalf of, me on account of injury to my person or property, or resulting in my death.

Releasor agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost Releasees may incur due to presence of Releasor in or on the Premises whether caused by the negligence of Releasees or otherwise, or by persons who may be on the Premises lawfully or otherwise. Releasor assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of Releasees, or otherwise, while Releasor is in or on the Premises and Participating in EO. Releasor agrees on behalf of himself/herself and his/her successors and assigns not to institute any action or suit at law or at equity against the Releasees, nor to assist in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses, or compensation by any other person or entity, and to indemnify and hold harmless Releasees from any and all claims brought by, or on behalf of himself/herself. Releasor agrees that this Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the United States and the Seminole Tribe of Florida. If any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Releasor, being of lawful legal age, in consideration of being permitted to attend and participate in the 'activities' stated above on the Premises does for himself/herself, his/her heirs, executors, administrators, and assigns hereby release and forever discharge said Releasees, their heirs, administrators, and executors of and from any and every claim, demand, action or right of action, of whatsoever kind of nature, either in law or in equity, arising from or by any reason of any bodily injury or personal injuries, known or unknown, death and/or property damages resulting or to result from any accident which may occur as a result of attendance and participation in EO on the Premises whether or not due to negligence of the Releasees.

Releasor further states that he/she has carefully read the above Release, and that Releasor knows the contents of the Release and understands it and agrees to be bound by its terms and signs this Release of his/her own free act.

This Release contains the entire agreement between the parties to this Agreement, and the terms of this Release are contractual and not a mere recital.

This Agreement is executed on _____, 20____, by _____ referred to as Releasor, County of _____, State of Florida.

<p>SIGNATURE OF RELEASOR: (Parent/Legal Guardian)</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Phone Number:(____) _____</p>	<p>WITNESSES: (Notary Public)</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Phone Number:(____) _____</p>
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Incur due to presence of Releasor in or on Premises whether caused by the negligence of Releasees or otherwise, or by persons who may be on Premises lawfully or otherwise.