



**City of Miami
Department of Parks and Recreation**

After School Registration Form

Child's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Father's Name: _____

Work Telephone: _____ Cell: _____

Mother's Name: _____

Work Telephone: _____ Cell: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is your child currently taking medication? () Yes () No – If yes list medication

Should Physical Activity be limited? () Yes () No – If yes please explain

I, _____ hereby authorize my child _____
to participate in any and all programs sponsored by the City of Miami, Department of
Parks and Recreation, and hereby waive, release, absolve, indemnify and agree to hold
harmless the City of Miami and its employees thereof; participants, person transporting
the participants to and from activities and any other individual, group, organization or
corporation under contract with the City of Miami, for any claim arising out an injury to
the participant.

Parent or Legal Guardian

Date