



CITY OF FORT MYERS REGISTRATION FORM

Name _____ Date _____

Phone: Home _____ Cell _____ Work _____

Address: _____

City: _____ State: _____ Zip: _____

In Case of Emergency: _____ Number: _____

Birthday date: _____ Gender: Male Female

Parents Signature: _____

Parent or Guardian Name (Please Print Legibly) _____

Email address: _____

T-Shirt Size: (Please indicate Youth or Adult Sizes) _____

Waiver Release Form

I, _____ voluntarily agree to indemnify and hold harmless to the City of Fort Myers Recreation department and any employee of the City of Fort Myers against any and all claims by or on behalf of any person or legal entity arising from the Applicant's use of premises, the conduct of Applicant's business or form any activity permitted by the Applicants in or about the premises, and will further indemnify and hold harmless the City of Fort Myers, its Departments and employees against performance of any agreements on the Applicant's part, or the Applicant's agents, contractors, employees, or licensees and form and against all cost, attorneys fees, expenses and liability incurred in or about any claim or proceeding brought thereon, all to the extent of the City of Fort Myers liability under general laws.

The City of Fort Myers Recreation Department reserves the right to deny registration to any program, and to charge fees where applicable. The Applicants must adhere to all City of Fort Myers Ordinances and Recreation Policies.

I have read and understood the about waiver:

Signature: _____ Date: _____

Adult Athletic Programs

(Please circle one)

Basketball
Co-ed Soccer
Open Soccer
Roller Hockey
Ice Hockey

(Please circle one)

Team: _____

Price: \$ _____

Youth Athletic Programs

(Please circle one)

Basketball Camp
Basketball
Soccer- Fall
Soccer- Spring
Soccer- Summer
Flag Football
Roller Hockey
Hockey 101

Rec Hockey
(Please circle one)

Price:\$ _____

Would you be willing to coach? Yes No

*** There will no refunds after the first game of each season have been played.

City Personal Use only:

Payment Method: Cash _____ Check # _____ Credit Card: MC VISA AMEX DISCOVER

Payment Received By: _____ Date: _____