



## Recreation Card Application

Fully completed and signed forms must be returned with a readable copy of your Drivers License (with current address) and water utility invoice to fax # 813-818-7625 or [krieffler@myoldsmar.com](mailto:krieffler@myoldsmar.com). Memberships are mandatory to properly process program registrations. Upon completing this one-time membership registration, residents will be sent their online ID and password and have the full convenience of being able to register for recreation cards and for most recreation programs at home via their computer. This form will not need to be submitted again unless your contact information changes.

### Step 1: Adult Participants/Guardians

#### \* Required Fields

#### Primary Guardian

First Name\*

Last Name\*

Street Address\*

City\*

State\*

Zip\*

Cell Phone\*

Other Phone\*

Gender

Date of Birth

#### Secondary Guardian

First Name\*

Last Name\*

Street Address\*

City\*

State\*

Zip\*

Cell Phone\*

Other Phone\*

Gender

Date of Birth

### Step 2: Household Information

Email Address

THIS WILL NOT BE SHARED WITH ANYONE OUTSIDE OF OUR DEPARTMENT.

#### Online ID Access Information

To utilize the online registration system, please choose a user ID name and a password (passwords can be changed upon logging-in)

User ID

Password

### Step 3: Children/Other Family Members\*

Those households that will have participants registering for youth programs (18 or younger) must fill out **all** fields on the front of this form, and as many applicable fields as possible below.

Child #1	Child #2	Child #3	Child #4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	First Name	First Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Last Name	Last Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Date of Birth	Date of Birth	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Gender	Gender	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any allergies or illnesses To be aware of?	Any allergies or illnesses To be aware of?	Any allergies or illnesses To be aware of?	Any allergies or illnesses To be aware of?
Please any special needs:	Please any special needs:	Please any special needs:	Please any special needs:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Emergency Contact Info (Other than parent or guardian)

#1: Name:	<input type="text"/>	Relation:	<input type="text"/>
Cell Ph:	<input type="text"/>	Other Ph:	<input type="text"/>
#2: Name:	<input type="text"/>	Relation:	<input type="text"/>
Cell Ph:	<input type="text"/>	Other Ph:	<input type="text"/>

\* **Q:** Why do we require this information?

**A:** Youth program participants are often in situations where a parent or guardian may not be immediately available. Some of this data is often helpful if, in the rare instance, emergency personnel are summoned and we are not able to obtain this information in an otherwise timely fashion. To ensure your child has the best experience possible, birthdates are required so that our software will assign youth program participants to the proper program.

*Staff Use Only:*

Verified by: \_\_\_\_\_  
 R./Non-R: \_\_\_\_\_  
 Photo Taken: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_  
 Waiver Signed: \_\_\_\_\_  
 Application: \_\_\_\_\_

All City of Oldsmar computer files are held on secure servers. The City does not share this information, including phone numbers or email addresses, with any outside vendors, companies or individuals.

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement:  
READ CAREFULLY BEFORE SIGNING**

**Participation Waiver:** In consideration of the opportunity to participate in any of the activities ("Activities"), provided by the City of Oldsmar, I, for myself, my family, my children, my heirs, my estate, my personal representatives and assigns (hereinafter collectively referred to as "Participant"), **do hereby completely and fully release, waive, covenant not to sue, and forever discharge** the City of Oldsmar, its elected and appointed officials, and its officers, employees and agents (collectively hereinafter "the City"), from all liability, responsibility, actions, damage, costs and claims for personal injury, accidents, illnesses, death, and property damage and loss (hereinafter collectively referred to as "Injuries and Loss"), arising from, related to, or in any way connected to participation in any of the Activities, including, without limitation, travel to or from any of the Activities, use of any equipment associated or used in conjunction with any of the Activities, and including Injuries and Loss which may be suffered by Participant before, during or after any of the Activities. **Participant understands that this waiver includes any claims based on negligence.**

Participant freely accepts and fully assumes all such risks, dangers, and hazards and the possibility of personal and bodily injury, death, property damage, and loss resulting from such risks, dangers and hazards. Participant agrees that it is Participant's responsibility to familiarize him or herself with environment and health and safety requirements applicable to the Activities in which Participant will participate. Additionally, Participant understands and fully accepts that if the Participant chooses to participate in any activity that is not one of the listed Activities that the Participant is fully responsible for the consequences of Participant's conduct and fully assumes all risks associated therewith. Participant acknowledges and further accepts the responsibility of discussing Participant's participation in any of the listed Activities with Participant's physician and to obtain adequate medical, health, dental, travel and all other forms of insurance that may apply. Participant agrees the City is not responsible for obtaining insurance for any Participant.

**Facility Use Waiver:** In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of any facility owned, leased, rented, and/or used by the City, the Participant **does hereby release, waive, covenant not to sue, and discharge** the City from all liability, responsibility and claims for personal injury, accidents, loss, illnesses, death, and property damage or loss arising from, related to, or in any way connected to participation in any of the listed Activities, including use of the City's facilities, premises, and equipment.

**Assumption of Risks:** Participation in any of the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The City has facilities for and provides for activities such as running, aerobic activities, various classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular and skeletal systems. The specific risks vary from one activity to another, including, but not limited to: 1) minor injuries such as scratches, bruises, sprains, and broken bones to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Participant knows of no physical limitation which should keep Participant from participating in any of the Activities. **The undersigned has read the previous paragraphs and knows, understands, and appreciates these and other risks that are inherent in the Activities. Participant hereby asserts that the Participant's participation is voluntary and that Participant knowingly assumes all such risks, whether foreseen or unforeseen.** Participant agrees to abide by all City policies and rules regarding Participant's participation in any of the Activities.

**Indemnification and Hold Harmless:** Participant also agrees to INDEMNIFY AND HOLD the City HARMLESS from any and all claims, disputes, actions, suits, procedures, costs, expenses, damages, injuries, and liabilities, including attorney's fees (both at the litigation and appellate levels), relating to or arising from Participant's involvement in any of the Activities, and to reimburse the City for any such fees, costs and expenses incurred by the City.

**Severability:** Participant further expressly agrees that the foregoing waiver, assumption of risks, indemnification and hold harmless provisions of this document are intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and that if any portion thereof is held invalid or unenforceable, it is agreed that the balance shall remain and continue in full legal force and effect.

**Acknowledgment of Understanding:** The undersigned has read these waivers of liability, assumption of risks, and indemnity and hold harmless provisions, fully understands them, and **understands that Participant is giving up substantial rights, including Participant's right to sue.** The undersigned acknowledges that the undersigned is signing this document on behalf of the Participant freely and voluntarily, and **intends this, by the undersigned's signature, to be a complete and unconditional release of all liability and responsibility** on the part of the City to the greatest extent allowed by law. The undersigned further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made by the City, but if made, the undersigned has not, and will not, rely on such.

\_\_\_\_\_  
Signature of Participant or Parent (if participant is minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant/Parent Name

Please list other Family Members names below (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_