

CAMP TYPE: *Doral Soccer Club Soccer Camp*

**Registration is directly with Doral Soccer Club*

REGISTRATION FORM

(One Registration Form per child)

City of Doral
Parks & Recreation Department



Morgan Levy Park
5300 NW 102nd Ave

SECTION I. Parent/Legal Adult Guardian Name

[_____]
Participant First Name Last Name

[_____]
Mother's First Name Last Name

[_____]
Father's First Name Last Name

City of Doral Resident Non-Resident
**** Proof of Residency Required**

Primary # [_____] [_____ - _____]

Primary # [_____] [_____ - _____]

SECTION II. General Information

Check box if you would like to be on our mailing list.

Residence [_____] [_____] [_____]
Address No. & Street City Zip Code

Work [_____] [_____ - _____] Cell [_____] [_____ - _____] Other [_____] [_____ - _____]
Area Code Area Code Area Code

E-mail Address [_____] Child's DOB [____ / ____ / ____] Age [____]

Emergency Contact [_____] [_____] [_____ - _____]
First Name Last Name Area Code

MEDICAL INFORMATION		
Name	Medication	Allergy

Authorized Pick-Ups (Other than Mother/Father)		
Name	Phone Number	Relation to Child

SESSIONS	
___ June 13- June 17	___ July 18 – July 22
___ June 21- June 24	___ July 25 - July 29
___ June 27 – July 1	___ August 1 – August 5
___ July 5 – July 8	___ August 8 – August 12
___ July 11 – July 15	

SECTION III. Registration Fees

**** OFFICE USE ONLY****

Description	Registration Fee	Session Rate F=Full H=Half	Daily Rate F=Full H=Half	Days	Sibling Discount	Cash/ Check#	Total Amount Collected	Date collected	Notes
Session 1: 6/13-6/17		F H	F H	MTWRF					
Session 2: 6/21-6/24		F H	F H	MTWRF					
Session 3: 6/27-7/1		F H	F H	MTWRF					
Session 4: 7/5-7/8		F H	F H	MTRF					
Session 5: 7/11-7/15		F H	F H	MTWRF					
Session 6: 7/18-7/22		F H	F H	MTWRF					
Session 7: 7/25-7/29		F H	F H	MTWRF					
Session 8: 8/1-8/5		F H	F H	MTWRF					
Session 9: 8/8-8/12		F H	F H	MTWRF					
Session 1-9		F H	F H	MTWRF					

**CITY OF DORAL
WAIVER AND RELEASE OF LIABILITY**

TO THE CITY OF DORAL: in consideration of the opportunity afforded to me or my minor child/ward to participate in the activity described in the Registration Form at: **Morgan Levv Park: 5300 NW 102 Ave. Doral FL 33178**
(Name and Address of Facility)

I, the undersigned, on behalf of myself or my child/ward named in the Registration form, do freely agree to make the following contractual representations and agreements.

I, on behalf of myself or my child/ward named in the Registration Form, acknowledge and understand that participation in the activity involves the risk of serious injury, including permanent disability and/or death and severe social and economic losses.

I, on behalf of myself or my child/ward named in the Registration Form, do hereby knowingly, freely, and voluntarily assume all liability for any damage or injury which may occur as a result of me or my child/ward's participation in such activity and further agree to release, waive, discharge, and covenant not to sue the City of Doral, its officers, agents, employees, and volunteers from any and all liability or claims which may be sustained by me, my minor child/ward, or a third party directly or indirectly in conjunction with, or arising out of participation in the activity described herein, whether caused in whole or in part by the negligence of the City of Doral or otherwise.

I, on behalf of myself or my child/ward, have read the above provision, fully understand its terms, and understand that I, on behalf of myself or my child/ward, have given up substantial rights by signing this waiver and I acknowledge that I signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and I agree that, if any portion of this Registration Form is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

MEDIA RELEASE

I give permission for any photograph, video tape, or any other form of audio visual record of myself or my child's participation with the City of Doral Parks and Recreation Department to be used by the City of Doral for publicity purposes.

I, on behalf of myself and/or my child/ward, have read the above provision, fully understand its terms, and understand that I, on behalf of myself and/or my child/ward, have given up substantial rights by signing this waiver and I acknowledge that I signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and I agree that, if any portion of this Registration Form is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Name of Parent/Guardian: _____	Date: _____
Signature (Parent/Guardian if participant is a Minor): _____	