



205 E Ft Dade Ave, Brooksville, FL 34601 Phone 352-754-4031 Fax: 352-754-4415  
[www.hernandocounty.us/parks\\_rec](http://www.hernandocounty.us/parks_rec)

## PROGRAM REGISTRATION APPLICATION

LAST NAME (PROGRAM PARTICIPANT)	FIRST NAME	MIDDLE INITIAL	HOME PHONE
ADDRESS		CITY	ZIP
WORK PHONE	CELL PHONE	EMAIL ADDRESS	
PERSON TO NOTIFY IN CASE OF EMERGENCY		HOME PHONE	ALTERNATE PHONE

**\* PARENT / GUARDIAN INFORMATION IF PARTICIPANT IS UNDER 18**

LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME PHONE
ADDRESS		CITY	ZIP
WORK PHONE	CELL PHONE	EMAIL ADDRESS	

- |  |                                 |                                       |   |
|--|---------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Acting                    | <input type="checkbox"/> Baton  | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Men's Softball League- Sponsor or Player           |
| <input type="checkbox"/> ABC                       | <input type="checkbox"/> TKD    | <input type="checkbox"/> Dog Training | <input type="checkbox"/> Men's Flag Football League- Sponsor or Player      |
| <input type="checkbox"/> Double Dutch              | <input type="checkbox"/> Tennis | <input type="checkbox"/> Yoga         | <input type="checkbox"/> Friday -Father Daughter Dance # of tickets _____   |
| <input type="checkbox"/> _____ (other- specify)    |                                 |                                       | <input type="checkbox"/> Saturday -Father Daughter Dance # of tickets _____ |
| <input type="checkbox"/> WOW-Women's Outdoor Wknd. |                                 |                                       | <input type="checkbox"/> Mother's Day Picnic # of tickets _____             |

All courses require the Medical Release & Waiver form. Not necessary for community events.

### MEDICAL RELEASE & WAIVER FOR PARTICIPATION

"I, (Print Name) \_\_\_\_\_, hereby affirm that I/he/she is in good physical condition and does not suffer from any disability which would prevent or limit my/his/her participation in this recreation program. In consideration of my/his/her participation in Hernando County's aforementioned program, myself/my child, (Print Name) \_\_\_\_\_, for myself, my heirs and assigns, hereby release Hernando County, its agents, representatives and employees, from any claims, demands and causes of action from my/my child's participation in the aforementioned program. I understand that this waiver includes any claims based on negligence, action or inaction of Hernando County, its agents, representatives or employees."

"I fully understand that I/he/she may injure myself/himself/herself as a result of my or his/her participation in Hernando County's aforementioned program and I/we hereby release Hernando County, its agents, representatives, officers or employees, from any liability now or in the future including, but not limited to heart attacks, and/or any other illness, soreness and injury, however caused, occurring during, or after my/his/her participation in the aforementioned program."

"In consideration for your accepting my/my child's entry into the program, I/we agree that the County will not be responsible or liable for paying any medical costs or expenses should medical care be required for any participant in the program. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant, Parent, or Guardian

***Payment accepted: Check, Money Orders, VISA, or MasterCard.***  
*Payable to: HCRD or Hernando County Recreation Department.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ FEES DUE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_ REGISTRATION IN CLASS BY: \_\_\_\_\_

PAID: \$ \_\_\_\_\_ [ ] MONEY ORDER or [ ] CHECK # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ (CHECKS ONLY) [ ] VISA [ ] MASTERCARD APPROVAL # \_\_\_\_\_

PAYMENT RECEIVED / ENTERED IN CLASS BY: \_\_\_\_\_ MAILED IN: \_\_\_\_\_ PHONED IN: \_\_\_\_\_