

Julington Creek Plantation CDD
Kids Adventure Circuit Class
Registration Form
Effective June 2008

Participant's Name _____ Birthdate _____ M / F _____

Address: _____ Member Card # _____

Phone: (home) _____ (work) _____ (cell) _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Special Medical Information: _____

Class Schedule: Tuesdays
Please circle sessions.

Ages 7-15 9:30-10:15am

June 17 & 24 \$10
July 1-29 \$25
August 5 &12 \$10

******Bring towel, water bottle and wear TENNIS SHOES. We will cool off with water relay activities!***

Classes are contingent upon meeting a minimum number of participants. All classes require prepayment & preregistration for each session prior to class start date. Call the Recreation office 287-2633 or check out our website www.jcpcdd.org for availability. Space is limited.

**** This program is open only to residents of the Julington Creek Plantation Community Development District. Classes will be held outside the Julington Creek Recreation Office, 950 Davis Pond Blvd. ** No refunds or cancellations. Make checks payable to "JCPCDD".**

**** All forms, payments, and proof of CDD membership will be accepted, in person, at the Julington Creek Recreation Office.**

(Please sign waiver on back)

WAIVER FOR:

CHILD CARE, DAY CAMPS, YOUTH PROGRAMS, SWIM LESSONS AND ALL YOUTH CLINICS

WAIVER

I understand that Julington Creek Plantation Community Development District (JCPCDD) assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating in JCPCDD activities or programs, I hereby voluntarily release and discharge JCPCDD, its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of his/her participation in these activities.

I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the JCPCDD's sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While JCPCDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD programs. We strongly recommend that you discuss with JCPCDD staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child.

I understand that JCPCDD is NOT responsible for personal property lost or stolen while members and/or program participants are using JCPCDD facilities or on JCPCDD premises.

I understand that no accident or medical insurance is provided with this activity.

I give my permission to JCPCDD to use, without limitation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting JCPCDD programs.

I give my permission for my child to be transported by the bus service secured by JCPCDD for related programs activities.

NAME OF APPLICANT/CHILD

SIGNATURE OF PARENT/GUARDIAN

DATE