

2018 Summer Skate Camp



Summer Skate Registration 2018

New Smyrna Beach Leisure Services Department

Session: 6/4____, 6/18____, 6/25____, 7/9____, 7/23____, 8/6____

\$130 for Residents & \$135 for Non Residents

Please Print

Name _____ Age _____ Birth Date _____

Address _____ Email Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Work/Cell Telephone _____

Father's Name _____ Work/Cell Telephone _____

Emergency Contact Person _____ Phone # _____

Emergency Contact Person _____ Phone # _____

I wish for the above minor to be allowed to participate in or be a spectator at recreational or sports activities sponsored by the Leisure Services Department of the City of New Smyrna Beach. I understand that the City does not carry medical insurance coverage for any spectator or participant nor will it be liable for any injury suffered by (him/her). I further agree to release and hold harmless the City from any liability for its negligence or negligent acts or omissions in connection with the programs. I, therefore, also agree that if (he/she) is allowed to participate in or be a spectator at said activities, and if I wish medical insurance coverage, it will be my obligation to provide it, and that neither I, nor my personal representative, will make any claim against the City, its agents or employees, for any injury or death sustained by him/her in connection with the program. By signing this form, I give the City of New Smyrna Beach permission to publish or use video images, photographic portraits or pictures of me, along with my name, for art, advertising, trade, public information or any other lawful purpose. I waive inspecting and/or approving the finished product or the copy that is used or any compensation in connection with the publication.

DATE _____

SIGNATURE (PARENT OR LEGAL GUARDIAN IF UNDER 18)