



City of Riviera Beach Parks & Recreation Department
1621 West Blue Heron Blvd., Riviera Beach, FL 33404 Phone: (561) 845-4070 * Fax: (561) 842-2731

Recreation Program Registration Form

Program Name: _____ Program Code (if applicable): _____ Fee: \$ _____

Participant Information: First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: ____ Gender: ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alt Phone: _____

Email Address: _____

Parent/Guardian Information, if participant is a Minor:

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alt Phone: _____

Email Address: _____

Emergency Contact Name: _____ Relationship to Participant: _____

Phone Number: _____ Alternate Phone Number: _____

Medical Information: Does the participant have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

Does the participant have any allergies? ☐ Yes ☐ No

If yes, please specify: _____

Is the participant currently taking any medication? ☐ Yes ☐ No

If yes, please list: _____

I have/my child(ren) has received a physical examination by a licensed health care provider within the last two years and have been found physically capable of participating in Recreation Programs with the City of Riviera Beach. ☐ Agree ☐ Disagree

How did you hear about this program?

☐ Social Media ☐ Print Ad ☐ Website ☐ Word of Mouth ☐ Other: _____

Have you participated in recreation programs with Riviera Beach Parks & Recreation before? ☐ Yes ☐ No

If yes, please specify which programs: _____ Are you a resident of Riviera Beach? ☐ Yes ☐ No

Media Release Waiver: I hereby grant permission to the City of Riviera Beach Parks & Recreation Department to use photographs, video recordings, or other media of myself or my child(ren) taken during participation in the recreation program(s). These may be used for promotional purposes including, but not limited to, brochures, social media, or the City's website, without compensation.

Participant Initials: _____ Parent/Guardian Initials (if participant is a minor): _____

Transportation Waiver: I hereby give permission for the City of Riviera Beach Parks & Recreation Department to provide transportation for myself or my child(ren) to and from program activities as needed. I understand that the City, its employees, and any third-party transportation providers shall not be held liable for any incidents, accidents, or injuries that may occur during transportation to or from activities.

Participant Initials: _____ Parent/Guardian Initials (if participant is a minor): _____

Waiver and Consent: I, the undersigned, hereby release and hold harmless the City of Riviera Beach, a municipal corporation, its officers, agents, and employees from any and all liability, claims, demands, and causes of action arising from participation in the Parks & Recreation Department program(s). I also authorize the staff to secure emergency medical services for the participant when deemed necessary.

Participant Initials: _____ Parent/Guardian Initials (if participant is a minor): _____

Refund Policy: Our refund policy is as follows: An administration fee of \$15.00 or 15% of the registration cost, whichever is less, will be applied to refunds requested before the start of the class. Please note that no credit or refund will be issued after the second class session. Additionally, no refunds will be granted if notification is received after the session has begun for any program. If your refund is approved, please allow 2 to 4 weeks for processing. Thank you for your understanding!

Office Use Only: Registration Received: ____/____/____ Total Fee Amount Paid: \$ _____

Payment Processed: ____/____/____ Payment Method: ☐ Cash ☐ Check ☐ Credit Card Receipt Number: _____

Processed by: Staff Name (print): _____ Staff Signature: _____