



Bonita Springs Parks and Recreation

PARTICIPANT INFORMATION

Name of Participant: First: _____ Last: _____

If Applicable

Parents or Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Day: _____ Evening: _____

Birthday: _____ Gender: _____

Emergency: Name: _____ Telephone Number: _____

Medical and Allergy Information (list for emergency purposes): _____

MEMBERSHIP INFORMATION

- Resident (55 & Under) Resident (55 & Over) Non-Resident (All Ages)
 Daily Fee

PROGRAM INFORMATION

Program Name: _____ Session*: _____

Date Begins*: _____ Date Ends*: _____ Time Begins*: _____ Time Ends*: _____

PRODUCT INFORMATION

Product Name: _____

I, _____, acknowledge and agree that an inherent risk of exposure to coronavirus ("COVID-19") exists in any public place where people are present. I further acknowledge and agree that COVID-19 is an extremely contagious disease that can lead to severe illness and death. I understand that, according to the Centers for Disease Control and Prevention, senior citizens and individuals with underlying medical conditions are especially vulnerable to COVID-19 infection.

By and through my signature below, I agree that I attend City programs of my own free will and voluntarily assume any and all risks, including exposure to COVID-19, as a result of my participation in the City's Parks and Recreation program. I further agree to indemnify and hold harmless the City of Bonita Springs, the Parks and Recreation Division and any employee of the City of Bonita Springs against any and all claims by or on behalf of any person or legal entity arising from the applicants use of premises, the conduct of applicants business, or from any activity permitted by the applicant in or about the premises, and will further indemnify and hold harmless the City of Bonita Springs, it's departments and employees against performance of any agreement on the applicants part, or the applicants agents, department and employees or licenses, and from and against all cost, attorney fees, expenses, and liabilities incurred in or about any claim or proceeding brought thereon, all in the extent of the City's liability under general law. The City of Bonita Springs Parks and Recreation Department reserves the right to deny registration to any program, and to charge fees where applicable. The applicant must adhere to all City of Bonita Springs Ordinances and Parks and Recreation policies.

Signature of Participant Date: _____

Signature of Participant / Guardian (if under 18 years of age) Date: _____

**Programs/Classes dates and times are subject to change with notice.*

STAFF PERSONNEL ONLY	
Amount Paid: _____	Receipt Number: _____
<input type="checkbox"/> Cash	<input type="checkbox"/> American Express
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<input type="checkbox"/> Discover	
<input type="checkbox"/> Check (# _____)	Driver's License #: _____