



City of Delray Beach Ocean Rescue Surf Camp Registration

Participants Name: _____ Male Female

Address: _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth: _____

Medical Conditions _____ Email address: _____

(If under 18)

Mother's Name: _____ Father's Name: _____

Mother's Work Number: _____ Father's Work Number: _____

Emergency Name: _____ Emergency Number: _____

Release Wavier

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, child, children, heirs, executors and administrators, waive and release any and all rights and claims for damages, which, I may have against the City of Delray Beach, their representatives, successors and employees for any injuries which I may suffer in connection with any participation in this activity/program. At various times the City of Delray Beach videotapes and photographs events to be submitted to the local media. By entering in the City of Delray Beach activity/program, I/we hereby authorize the City of Delray Beach to reproduce, copy, exhibit, publish, broadcast, or distribute any and all such tapes or photographs.

Refund Policy

A participant can request a refund 3 days prior to the start of the activity/program; a letter is required from the participant or participant's parent or guardian. A refund will be issued if the participant does not make the team, if an injury occurs that does not allow the participant to continue in the activity/program, or an emergency such as illness, bereavement, etc. No other reasons constitute the issuance of a refund after the activity/program has started.

I have read the above and understand the rules and regulations of the City of Delray Beach activity/programs that have been made available to me.

Name (Name of Parent or Guardian if Participant is under 18)

Date

Signature

Send completed Registration to City of Delray Beach, Ocean Rescue Division, 340 S. Ocean Blvd., Delray Beach, FL 33483 or to: gaffney@mydelraybeach.com. For further information and to make payment, please call Dianne Gaffney at (561)243-7352.

Office Use Only

Amount paid: _____ Received By: _____ Date: _____ Rec # _____ T-shirt size _____