



CITY OF LAUDERHILL ENROLLMENT AND WAIVER FORM

Name: _____
(Please Print)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (H) _____ (W) _____ (Cell/Other) _____

School Enrolled: _____ Student E-Mail: _____

Gender: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (Cell/Other) _____

REGISTRATION COST

The cost to participate in the City of Lauderhill's Chess Program is \$60 per six week session. Checks or cashier's checks are to be made payable to the City of Lauderhill and turned in at the Sadkin Community Center, located at 1176 NW 42nd Way, Lauderhill, FL 33313. Cash will not be accepted. All fees are due at the beginning of each session.

Liability Waiver and Photograph/Media Consent

I hereby declare that I am the legal parent/guardian of the above named participant and give my consent for his/her participation in the City of Lauderhill Chess Club. In consideration of my child being permitted to participate, I hereby release, waive, indemnify and hold harmless the City of Lauderhill, their agents, employees or volunteers from any and all liability for all injury, loss, damage and/or claim of damages to the person or property of my child during his/her participation with the City of Lauderhill's Chess Club, or its agents. I understand that my child is participating at his/her own risk. I hereby agree to allow my child to be photographed and/or videotaped during his/her participation in activities. I further authorize the use of such photos and/or videos for any promotional and/or documentary purposes without compensation.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____

Full payment for session beginning _____ and ending _____

was received on _____, by _____.

Check # _____.