



City of Tampa Parks and Recreation Department Athletic Registration & Residency Verification Form



Team Name: _____

Date of Application: _____

(Please Print Legibly)

Participant's Information

☐ Team Manager

☐ Team Member

Last Name _____ MI _____ First Name _____

Address _____
City State Zip Code

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Birthdate _____ Age _____ Gender _____ Email _____

Proof of Residency Documentation Provided:

(Check one) (P.O. Boxes not accepted – must be physical address)

___ Utility bill - Type: _____
(Phone, Water, Gas, Electric, etc.)

___ Pay check

___ Official government document -

___ Voter registration card

___ Bank statement

___ Government check

Type: _____
(Must contain pre-printed name and address)

City of Tampa Zip Codes:

Please Circle the Zip Code indicated on the proof of Residency:

33601	33620	33651	33675
33602	33621	33655	33677
33603	33622	33660	33679
33605	33623	33661	33680
33606	33629	33662	33681
33607	33630	33663	33684
33608	33631	33664	33686
33609	33632	33672	33690
33611	33633	33673	
33616	33650	33674	

The following Zip Codes may or may not be located within the City Limits of Tampa. Residency must be verified prior to registration. Please allow 1 business day for verification*.

33604	33613	33618	33637
33610	33614	33619	33647
33612	33617	33634	

*If proof of residency is City of Tampa Water bill with separate Solid Waste/ garbage charge, residence is in City limits. If the bill does not contain a separate Solid Waste/ garbage charge, the residence is not with the City limits.

My signature below indicates I have established City residency for the above named participant.

Signature of Participant

Date

Signature of Parks & Recreation Staff Verifying Information

Date

AUTHORIZATION, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY

(Read Carefully Before Signing)



(Please print)

TEAM NAME _____

PARTICIPANT NAME _____

The consideration for this Authorization, Release and Waiver of Liability and Indemnity Agreement (hereinafter referred to as the "Agreement") is the attendance of in the activity by me/my child, which I agree is a commonplace community supported activity, and the City's waiver of any requirement that the I and/or my child carry self-funded liability insurance prior to being allowed to attend and engage in the activity. I acknowledge that absent the execution of this Agreement, the City would not have offered me/my child the ability to attend and engage in the activity, because of unacceptable exposure to liability claims.

I hereby agree, personally and/or on behalf of myself and/or my child, that attendance in the Program is only granted by the City because of its understanding that in the event of injury to me/my child, or damage of loss or property, that any insurance policy held by me or for my child, which covers such injury or loss shall be the primary source of any recovery.

I, personally and on behalf of my heirs, personal representatives, executors and assigns, and/or on behalf of my child and my child's heirs, personal representatives, executors and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVEYANT NOT TO SUE the City of Tampa, its officers, employees, and agents, individually or in an official capacity for the City (also referred to as "Releasee") from all liabilities, claims, demands, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the activity, including, travel to or from the activity, for bodily injury, death or property damage suffered by me/my child before, during, or after said activity. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any release or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of Releasee or otherwise while engaged in or as a result of the activity. I expressly acknowledge and agree that the activity may involve the risk of injury or property damage.

I shall defend (if directed by the City), hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me/my child/ward to participate in the activity, even if allowing me/my child/ward to participate in said activity is later found to be wrongful or negligent.

I further expressly agree that the foregoing release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY CERTIFY THAT I AM THE PARENT OR GUARDIAN OF SAID CHILD OR THAT I AM AN ADULT PARTICIPANT (over 18 years of age) AND I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

PARTICIPANT'S/PARENT'S/GUARDIAN'S SIGNATURE

DATE

PHOTO RELEASE AUTHORIZATION

I hereby grant the City of Tampa Parks and Recreation Department permission to use my or my child/ward, likeness video and/or photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the City of Tampa Parks and Recreation Department and will not be returned.

I hereby authorize the City of Tampa Parks and Recreation Department to edit, alter, copy, exhibit, publish or distribute this video/photo for purposes of publicizing the City of Tampa Parks and Recreation Department's programs or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the video/photograph.

- ☐ I AGREE to the Photo Release as defined above
☐ I DO NOT agree to the Photo Release as defined above

I HEREBY CERTIFY THAT I AM THE PARENT OR GUARDIAN OF SAID CHILD OR THAT I AM AN ADULT PARTICIPANT (over 18 years of age) AND I HAVE READ AND VOLUNTARILY SIGN THIS PHOTO RELEASE AUTHORIZATION

PARTICIPANT'S/PARENT'S/GUARDIAN'S SIGNATURE

DATE

Pursuant to Chapter 119, Florida Public Records Act, this record is a public document that may be inspected and/or copied. If you believe any portion of this document contains information that is exempt from disclosure, please notify our office in writing at: 3402 West Columbus Drive, Tampa, FL 33607.