

ADULT CENTER REGISTRATION FORM

I hereby request permission of the City of Hialeah to participate in the program/ event sponsored/ approved by the City of Hialeah Education and Community Services Department and to travel as a passenger in a City of Hialeah, Hialeah Housing Authority, and/or a Little Havana Activities & Nutrition Center of Dade County, Inc., vehicle.

If my request is granted, I hereby agree to obey, at all times, all instructions, orders and commands given to me. I fully realize, although precautions are taken by the City of Hialeah, Hialeah Housing Authority, and/or Little Havana Activities & Nutrition Center of Dade County, Inc. to maintain safe conditions, the danger of physical harm or injury exists. I nevertheless freely and voluntarily accept these risks.

First Name: _____ Last Name: _____

Address: _____ Email Address: _____

City _____ State _____ Zip Code _____ Date of Birth: _____ Age: _____ Gender: M /F

Home Phone: _____ Cell Phone: _____ City of Hialeah Resident or Non-Resident

Ethnicity: Hispanic Haitian Non-Hispanic Other, Please specify _____

Race: American Indian/Alaskan Asian Black/African-American Pacific Islander White Other, please specify _____

Is your head of household: Male or Female Do you speak English? Yes or No

Number of persons in household including yourself: _____ Annual Family Income: _____

Below mark the center you are registering for: Goodlet Adult Villa Aida Adult Wilde Community Center

Emergency Contact List

Name	Relationship	Home Phone	Cell Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Do you have a documented medical condition or a disability? Yes No If yes please specify: _____

Do you take any special medication that we should be aware of? _____

Please check the programs that you are currently participating in:

- | | | | | | |
|--|--|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Hot Lunch Program | <input type="checkbox"/> ESOL | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Bingo | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Painting | <input type="checkbox"/> Drawing | <input type="checkbox"/> Exercise/ ZUMBA | <input type="checkbox"/> Knitting | <input type="checkbox"/> Crochet |
| <input type="checkbox"/> Plastic Canvas | <input type="checkbox"/> Paper Parchment | <input type="checkbox"/> Decoupage | <input type="checkbox"/> Cold Porcelain | <input type="checkbox"/> Crafts | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Scrapbook | <input type="checkbox"/> Dominoes | <input type="checkbox"/> Billiards | <input type="checkbox"/> Other _____ | |

RELEASE, WAIVER AND COVENANT NOT TO SUE

In consideration of being permitted to participate in the program/event sponsored/approved by the City of Hialeah Education and Community Services Department and to travel as a passenger in a City of Hialeah, Hialeah Housing Authority, and/or a Little Havana Activities & Nutrition Center of Dade County, Inc. vehicle, I, for myself and my personal representatives, heirs, next-of-kin and assigns, hereby agree to:

RELEASE OF ALL CLAIMS: The undersigned releases, covenants not to sue and forever discharges the City of Hialeah, Hialeah Housing Authority, and/or Little Havana Activities & Nutrition Center of Dade County, Inc. their Officers, Agents, Employees, Volunteers and their successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs or expenses, that the participant may have against the released parties arising out of, or in any way connected with participation in the program/event sponsored/approved by the City of Hialeah Education and Community Services Department and to travel as a passenger in a City of Hialeah, Hialeah Housing Authority, or a Little Havana Activities & Nutrition Center of Dade County, Inc. vehicle, including injury or damage to person or property, or resulting in death of the participant, whether caused by the **NEGLIGENCE** of the released parties or otherwise. I further give permission to be filmed and/or photographed in such program/event for use in publicizing the program/event.

_____ Print Name _____ Signature _____ Date

TO BE COMPLETED BY ADULT CENTER DIRECTOR

Reviewed: _____ DATE: _____

