



CITY OF LARGO RECREATION, PARKS & ARTS  
**RECREATION MEMBERSHIP APPLICATION**

SEE BACK OF FORM FOR PARTICIPANT WAIVER

**FOR OFFICE USE ONLY:**  
HH #: \_\_\_\_\_  
Exp Date: \_\_\_\_\_

**(SECTION A) PRIMARY MEMBER/GUARDIAN INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  Female  
Birthdate: \_\_\_\_\_ Address: \_\_\_\_\_ Lot/Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  Cell  Home Health Plan #: \_\_\_\_\_  
Email: \_\_\_\_\_ (If Applicable)  Check to **opt-out** of e-mail  
 Check to **opt-In** for Text alerts  
(Applies to entire household)

**(SECTION B) SECONDARY MEMBER/GUARDIAN INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  Female  
Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  Cell  Home Health Plan #: \_\_\_\_\_  
(If Applicable)

**(SECTION C) ADDITIONAL HOUSEHOLD MEMBERS:**

<p><b>(1)</b> Full Name: _____ Birthday (Month/Day/Year): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>(4)</b> Full Name: _____ Birthday (Month/Day/Year): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p><b>(2)</b> Full Name: _____ Birthday (Month/Day/Year): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>(5)</b> Full Name: _____ Birthday (Month/Day/Year): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p><b>(3)</b> Full Name: _____ Birthday (Month/Day/Year): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>(6)</b> Full Name: _____ Birthday (Month/Day/Year): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>

**(SECTION D) EMERGENCY CONTACTS:** *Someone NOT listed as a household member. At least one emergency contact is required.*

**(1)** Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Home  
**(2)** Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Home

**➡ CONTINUE ON TO BACK PAGE ➡**

**FOR OFFICE USE ONLY:** Membership Type:  6 Months  1 Year  Healthcare  
Household Status:  Resident  Non-Resident  City Employee Employee Name: \_\_\_\_\_  
Business Membership: Company: \_\_\_\_\_ Employee: \_\_\_\_\_  
Fee: \_\_\_\_\_ Payment:  Cash  Charge  Check  Voucher Other (write-in): \_\_\_\_\_  
Date: \_\_\_\_\_ Site Issued: \_\_\_\_\_ Input By: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

(SECTION E) PARTICIPANT WAIVER

I, the named adult participant or parent/legal guardian of the named child on this form, so hereby assume all risks and hazards incidental to my participation in activities, use of the equipment and facilities or my child's participation in activities, use of equipment and facilities of the City of Largo, and I do hereby agree to waive, release, absolve, defend and hold harmless the City of Largo, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind, resulting from the participation in activities, use of equipment and facilities of the City of Largo. **THIS RELEASE INCLUDES A RELEASE FOR ANY AND ALL LOSSES OR INJURIES ARISING OUT OF ANY ACT OR OMISSION OR NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE CITY OF LARGO, ITS EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS, AND ELECTED OFFICIALS. THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.**

\_\_\_\_\_  
SIGNATURE OF ADULT PARTICIPANT OR DATE  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE OF ADULT PARTICIPANT OR DATE  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE OF ADULT PARTICIPANT OR DATE  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE OF ADULT PARTICIPANT OR DATE  
PARENT/LEGAL GUARDIAN

(SECTION F) MINOR PARTICIPANT WAIVER

**FLORIDA STATUTES 744.301**

**NOTICE TO MINOR CHILD'S PARENT/NATURAL/LEGAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF LARGO USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF LARGO IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF LARGO HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

\_\_\_\_\_  
SIGNATURE OF PARENT/NATURAL/LEGAL DATE  
GUARDIAN

\_\_\_\_\_  
PRINT NAME OF PARENT/NATURAL/LEGAL DATE  
GUARDIAN

RELATIONSHIP TO MINOR: \_\_\_\_\_