



## GYMNASIUM PARTICIPATION FORM

### Youth Open Play For Ages 11-17yrs

The gymnasium is a drop-in center, meaning that children sign-in upon arriving, but are not required to sign out upon leaving. They may come and go throughout the day during our open hours. Children should not arrive to participate earlier than 15 minutes prior to opening. Your child's safety is most important to us and to that end, children are asked to spend their time with us inside the gymnasium. There is no suitable safe play area outside that is supervised. Further, our business office is in the lobby and it is expected that children do not congregate there as the group noise makes conducting business difficult. In order to utilize the DRS Gymnasium, a parent and child must complete and sign (where applicable) the Code of Conduct and the Accident Release and Financial Responsibility Waiver.

#### Code of Conduct

Upon entering a City of Satellite Beach recreation facility and/or grounds, you are a participant of the Parks and Recreation Department's program and, therefore, required to abide by the rules of the department. Your cooperation and consideration of these rules will help ensure all participants' enjoyment at all of our programs. The following list of rules and regulations will be adhered to at all times.

1. Fighting or disorderly conduct is prohibited.
2. Any destruction or defacing of City property to include littering is prohibited.
3. Insulting, vulgar or disrespectful language is prohibited.
4. All use of tobacco products is prohibited. Youth 18 and under are prohibited from smoking anywhere on City property.
5. City ordinance prohibits the use of any alcoholic beverages of any kind on City property without a permit.
6. Use, possession or selling of drugs is prohibited.
7. Gambling is prohibited.
8. Possession of guns, knives or other possible lethal weapons is prohibited.
9. Bicycles or motorcycles will be parked in designated areas.
10. Dogs, cats and other pets are prohibited inside facilities, except for those required for mobility assistance.
11. Loitering is prohibited.
12. Persons vandalizing or stealing equipment, supplies or personal items belonging to participants or personnel will be referred to the authorities.
13. Shoes and shirts must be worn in the buildings at all times.
14. All additional rules for each area of the facility, i.e., gym, parks, etc. must be adhered to at all times.

#### *Discipline Procedure:*

- *1<sup>st</sup> warning – verbal correction by recreation staff*
- *2<sup>nd</sup> warning – verbal correction by recreation staff and contact will be made with a parent/guardian.*
- *3<sup>rd</sup> warning – participant will be asked to leave City building and grounds, and may not return for an amount of time designated by staff and contact will be made with a parent/guardian.*

**Participant and Parent Acknowledgement**

**I/we have read the above information and understand with respect that participation in the City of Satellite Beach’s recreational facilities is a privilege and that any violation of these rules can lead to revocation of this privilege.**

\_\_\_\_\_  
 Print Participant Name Participant Signature Date

\_\_\_\_\_  
 Print Participant Name Participant Signature Date

\_\_\_\_\_  
 Print Parent Name Parent Signature Date

**Participant Information**

Participant’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Participant’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In Case of an Emergency (other than parent listed above):

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**ACCIDENT RELEASE AND FINANCIAL RESPONSIBILITY WAIVER**

I am aware of the Recreational Programs provided by the City of Satellite Beach’s Recreation Department, and understand the inherent dangers involved with my participation in these programs and the dangers involved in transportation to and from these programs, including the risk of death and/or personal injury or damage to myself and/or my property while participating in such programs. Recreation staff and program instructors may photograph or videotape participants at our recreation programs, activities, or events. These photographs may be duplicated in City publications, flyers, brochures, City website, or video productions. I further understand and acknowledge that participants in such programs are not covered under insurance of the City, and that the City would not allow my participating in such programs absent my signing this release. I therefore, freely and voluntarily execute this release and with such knowledge, assume the risk of death, personal injury and/or property loss arising from or in any way connected with my participation in any recreation program offered by the City of Satellite Beach.

I authorize and grant permission to the representative of the City of Satellite Beach Recreation Department to obtain medical care from any licensed physician or hospital and/or medical clinic should I become ill or injured while participating in recreation activities away from home, or at other times when neither parent nor guardian is available to grant authorization from emergency treatment.

I hereby release and forever discharge the City of Satellite Beach, the City of Satellite Beach Recreation Department, and any and all agents of the department from any liability, claim, cause of action, demand or damages for injury, death or damages of any kind to me or to my property as a result of my participation in the recreation programs of the City of Satellite Beach Recreation Department. I further waive, release, absolve and agree to indemnify and hold the City harmless, as a result of my participation in any recreational program sponsored by the City of Satellite Beach.

By signing below, I acknowledge having read, understand and agreed to the City of Satellite Beach’s Accident Release and Financial Responsibility Waiver.

Parent or Legal Guardian Name **(Please Print)**: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_