

**Pinellas Park Recreation Membership Form**

Date:

HHID#

**Primary Contact Information**

Resident

Non-Res

City Emp

First Name:	Last Name:	MI:	
Address:	City:	State:	Zip:
Primary Phone: (    )	Secondary Phone: (    )	Date of Birth:    /    /	
Primary Email:			Gender:    M    F

**Additional Household Members**

*Birthdate*

*Primary Phone*

*Email*

	<i>Birthdate</i>	<i>Primary Phone</i>	<i>Email</i>

**Hospital Preferences:**

**Emergency Contacts**

Name:	Relation:	Phone: (    )
Email:		

Name:	Relation:	Phone: (    )
Email:		

Name:	Relation:	Phone: (    )
Email:		

Media authorization – please indicate preference for participation in photo/video opportunities during programs or events for use in press, publications, or promotional items. Every effort will be made to exclude those who decline.	Consent <input type="checkbox"/>	Decline <input type="checkbox"/>
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**Recreation Authorization and Release**

The undersigned, in consideration of the acceptance of this Application and by participation in the programs and activities of the Recreation Division of the City of Pinellas Park, Florida (hereinafter the "City"), hereby irrevocably releases the City from any and all claims for injury or property damage arising out of or resulting from the applicant's participation in any of the City's Recreation Division programs or activities. As used herein, the term "City" includes the City, its agents, employees, officials, and volunteers, individually and collectively.

Failure of the applicant to comply with or to conform to the City's established rules and regulations shall result in the applicant's suspension or dismissal from the City's Recreation Division programs and / or activities without refund of any monies paid.

By signing this form below, the undersigned certifies that all information provided by undersigned herein is true and correct, and further acknowledges that he / she has fully read this form in its entirety and understands the same. All provisions hereof shall be binding upon the undersigned, his / her heirs, assigns, and legal representatives.

Signature of Primary Contact: \_\_\_\_\_ Date:    /    /

Printed Name of Primary Contact: \_\_\_\_\_

Signature of Secondary Contact (If over 18): \_\_\_\_\_ Date:    /    /

Printed Name of Secondary Contact: \_\_\_\_\_

**For Office Use Only**

Tax District:	2 Proofs of Residency:
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Resident Tax Districts: PP, PPW      Use [www.pcpao.org](http://www.pcpao.org) or [www.pinellascounty.org/resident/unincorporated\\_areas.htm](http://www.pinellascounty.org/resident/unincorporated_areas.htm) to find Tax District