

Registration Form – 59 and under
Southwest Focal Point Community Center
301 N.W. 103rd, Avenue,
Pembroke Pines, FL 33026

CONFIDENTIAL
PLEASE RETURN TO THE FRONT DESK
(PLEASE PRINT)

Date : _____

Name: First MI Last Date of Birth: _____

Address: Street City State Zip

Phone: _____ Cell Phone: _____

Email: _____ Public Housing: Yes ___ No ___

Marital Status (Circle): Single Married Divorced Widow(er)

Ethnicity (Circle): White Black Hispanic Other _____

Emergency Contact Information:

#1 Name : _____ Relationship : _____

Phone : _____ Alternate Phone : _____

#2 Name : _____ Relationship : _____

Phone : _____ Alternate Phone : _____

Physician: _____ Phone: _____

Have you been hospitalized or visited the ER in the past 6 months? No ___

Yes, why? _____

Medications: _____

Allergies/Medical Conditions: _____

Do you have limited ability reading, writing, speaking or understanding English? Yes ___ No ___

Primary Language: _____

SOUTHWEST FOCAL POINT COMMUNITY CENTER

301 NW 103rd Avenue, Pembroke Pines, FL 33026

Phone: 954-450-6888 Fax: 954-450-6899

COMPUTER AND INTERNET USAGE

As a member of the Southwest Focal Point Community Center you have access to two computers located in the library. The use of these computers and Internet is limited to legitimate, educational and ethical purposes only. Members are not to use the Internet to access, view or download inappropriate materials, including harassing or offensive materials, pornography or materials that belittle or demean persons based on sex, race, ethnicity, national origin, religion, disability, marital status, or age.

Any violation of this policy is a basis for discipline, up to and including dismissal from participating in the center.

Signature- Member

Date

Witness

RELEASE OF LIABILITY

I, _____, a member of the Southwest Focal Point Community Center, do hereby give permission for my photograph and/or name to appear in newspapers and/or magazines.

Signature- Member

Date

Witness

"This project is supported under an agreement with the Florida Department of Elder Affairs and the Aging and Disability Resource Center of Broward County, through funds provided by the Older Americans Act of 1965 as amended. Matching funds are provided locally via the City of Pembroke Pines."

CITY OF PEMBROKE PINES
WAIVER AND RELEASE OF LIABILITY

NOTICE: This form contains a Release and Waiver of Liability and when signed is a contract with legal consequences. **PLEASE READ IT CAREFULLY BEFORE SIGNING.**

TO THE CITY OF PEMBROKE PINES: in consideration of the opportunity afforded to me or my minor child/ward to participate in the activity described herein at

S.W. Focal Point Community Center, 301 N.W. 103 Ave. Pembroke Pines Fl 33026

I, the undersigned, on behalf of myself or my child/ward named herein, do freely agree to make the following contractual representations and agreements.

I, on behalf of myself or my child/ward named herein, acknowledge and understand that participation in the activity involves the risk of serious injury, including permanent disability and/or death and severe social and economic losses.

I, on behalf of myself or my child/ward named herein, do hereby knowingly, freely, and voluntarily assume all liability for any damage or injury which may occur as a result of my or my child/ward's participation in such activity and further agree to release, waive, discharge, and covenant not to sue the City of Pembroke Pines, its officers, agents, employees, and volunteers from any and all liability or claims which may be sustained by me, my minor child/ward, or a third party directly or indirectly in conjunction with, or arising out of participation in the activity described herein, whether caused in whole or in part by the negligence of the City of Pembroke Pines or otherwise.

I, on behalf of myself or my child/ward, have read the above provision, fully understand its terms, and understand that I, on behalf of myself or my child/ward, have given up substantial rights by signing this waiver and I acknowledge that I signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and I agree that, if any portion of this contract is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Name of Member: _____ Date: _____

Member Signature: _____

Parent/Guardian if member is a Minor: _____

Complete Address: _____

Day Phone: _____

Class Title: Adult Exercise Program, Classes and/or Exercise Equipment

Instructor's Name: All Classes/Program Instructor's