



TOWN HALL
Celebration

REGISTRATION INFORMATION

Register and pay for all programs in person at Celebration Community Center at 851 Celebration Avenue. Registration hours are Monday-Friday, 9:00am-5:30pm. Town Hall Staff may cancel or alter programs pending registration numbers. Complete refunds will be issued if class is cancelled. Space is limited and on a first come, first served basis.

CHECKS PAYABLE TO: CROA

Policies, fee and charges are subject to change.

Program _____ Date of Program _____

Participant's Name _____

DOB _____ Grade _____

Parent/Legal Guardian Name(s) _____

Phone (h) _____ (c) _____

Address _____

City _____ St _____ Zip _____

Email _____

Allergies/medical conditions/medications _____

Participant Consent Release

In consideration of the recreational activity for which my child is participating through Celebration Park's and Recreation (Celebration Residential Owners Association) I agree, on behalf of myself and the members of my family or group listed below, to assume the risks incidental to the supervision (which risks may include bodily injury) and, on my behalf, on executors and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation in such events, and further agree to indemnify and hold each of the release parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including but not limited to, attorney's fees and disbursements. The release parties are the Celebration Residential Owners Association, Celebration Joint Committee, Celebration Nonresidential Owners Association, Inc., Celebration Community Development District, Enterprise Community Development District, Capital Consultants Management Corporation (CCMC), and the officers, directors, employees, agents, representatives, successors, and assigns of each and every one of the foregoing entities. I further understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by me or the below listed members of my family or group, before, during or after such participation. I further authorize medical treatment for the listed members of my family or group, at my cost, if the need arises.

This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Osceola County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I further agree to allow my child to be used in promotional photography and to use my e-mail address to send me information. I certify that I am 18 years of age or older.

Signature of Participant or Parent / Legal Guardian

Date

Office Use Only: Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Check # _____ Check Name _____