

KIDS-15 & Under

FIP - _____ - _____ - _____ - _____



NAME OF CHILD: _____

DATE OF BIRTH: _____ / _____ / _____ EMERGENCY#: _____

ADDRESS: _____

NEIGHBORHOOD: _____ LOT NUMBER: _____

ACCEPTANCE:

I acknowledge receipt of the FIP Photo ID card identified below. I further acknowledge the waiver, as set forth below, and agree to its terms. I have also read and agree to abide by the policies regarding District amenity facilities. I also understand that I am financially responsible for any damages caused by me, my family members or guests and those damages resulting from the loss or theft of my FIP Photo ID cards. I understand that there is a fifteen dollar (\$15.00) replacement card fee for lost or deactivated cards. By signing this form I also acknowledge that all parties I am registering for are permanent residents of this address. If any information is falsified it can result in the loss of Amenity privileges.

Signature of Parent or Guardian Date

WAIVER:

I understand that the Fleming Island Plantation Community Development District, and its agents, supervisors, officers, directors, employees and staff assume no responsibility for injuries or illness that my child may sustain as a result of their physical condition or resulting from their participation in any activities at any District recreational facilities, including but not limited to, use of the pools and associated facilities, use of exercise equipment, use of playground equipment or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness that may result from their participation in these activities. I hereby release and discharge the Fleming Island Plantation Community Development District, and its agents, supervisors, officers, directors, employees and staff from any claims for injury, illness, death, loss or damage that my child may suffer as a result of my participation in these activities. I understand that Fleming Island Plantation Community Development District is not responsible for personal property lost or stolen while participating at the Fleming Island Plantation Community Development District recreational facilities.

Signature of Parent or Guardian Date

OFFICE USE ONLY

PAID _____ / _____ / _____
Staff Initial Date ID Card Number