PROGRAM: The Silver Club	Registration Date:	
REGISTRATION FORM (One Registration Form per member)	City of Doral Parks & Recreation Department	Morgan Levy Park Doral Legacy Park 5300 NW 102 nd Ave 11400 NW 82 Street 305.482.9590 305.341.3601 doralparksinfo@cityofdoral.com
SECTION I. Parent/Legal Adult [City of Doral Last Name The control of Residency	
SECTION II. General Informa	tion	
Residence [Street [City Zip Code
Cell [] [_] Home [] [] (Area Code	Other [] [] Area Code] DOB [/]
☐ I would like to receive all Silve	er Club activities and program information	ı via email.
SECTION III. Medical Inform	ation	<u></u>
Medical Conditions/Medications/A		1
Condition	Medication	Allergies
	1 - 1 1 1 1	
	lor	#
8	artino St	2/10/10
SECTION IV. Emergency Con	ntact	
Emergency Contact # 1		
Emergency Contact # 1 [] Phone Number	: [] [] Area Code

REFUND POLICY

It is the goal of the City of Doral Parks and Recreation Department to ensure the enjoyment of all recreational programs. If you are not satisfied with a program or are unable to participate for medical reasons, a written request must be submitted immediately. No refund will be made after the registration deadline. Silver Club Member Initial: _____