



A Pinellas County Government Program

www.pinellascounty.org/heritage • (727 582-2123

PROGRAM REGISTRATION FORM

Please fill out one form for each person.

Make check payable to: Board of County Commissioners

Mail to: Program Registration – Heritage Village
11909 125th Street North, Largo, FL 33774

Refunds: 100% - 2 weeks before the program
50% - 1 week before the program
No refunds within the week of the program

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Day Phone: _____

Evening Phone: _____

E-mail: _____

Member of Pinellas County Historical Society:
YES _____ NO _____

Program Name	Amount
Total	

By signing this photo release you give Pinellas County and/or the media permission to photograph or videotape you or your child while participating in a Pinellas County educational program. Pinellas County and the media may publish these photographs and/or air these videotapes.

Print Name/Child's Name _____

Signature (Parent for child) _____

For children under 18 attending programs without an accompanying adult, please fill out the following.

I/we, the undersigned parent(s) or guardian(s) of the minor child named below, hereby grant permission for my/our child to participate in all activities in and around Heritage Village as part of the program described herein. In addition, I/we hereby grant permission for my/our child to participate in all field trips which may include travel, walking through wooded areas, wading, and other activities including, but not limited to, those activities included in the program description. Further, I/we agree to assume all risks and liabilities associated with my/our child's participation in said program and to hold Board of County Commissioners, officers and employees of Pinellas County harmless from all claims which may arise as a result of such participation. In case of emergency, the Board of County Commissioners of Pinellas County has permission to take my child to the nearest hospital.

Parent/Guardian Name: _____

Child's Name: _____ Age: _____

Address: _____

City: _____

State: _____ Zip: _____

Day Phone: _____

Evening Phone: _____

Cell: _____

Emergency Contact: _____

Relationship to Child: _____

Phone: _____

If your child requires any special attention, please advise (includes allergies, medication):

Parent/Guardian Signature: _____

Date: _____