

THE PLAZA 851 BRICKELL CONDOMINIUM ASSOCIATION, INC

CHILDREN'S ROOM REGISTRATION FORM

USE OF THE CHILDREN'S ROOM IS FOR RESIDENTS ONLY

\$50 MONTHLY FEE

Resident's Name: _____ Tower: _____ Unit: _____

Child's Name: _____ Child's Date of Birth (00/00/0000) ____/____/____

Child's Name: _____ Child's Date of Birth (00/00/0000) ____/____/____

Emergency Contact Information

1st Contact Name: _____ Phone Number: _____

2nd Contact Name: _____ Phone Number: _____

Children's Room Rules

- Children must always be supervised by a parent or adult in the play area.
- Play equipment is designed for children age 4 to 12
- Please remove shoes. Place shoes in Sneaker Keeper before using the play equipment.
- Socks must always be worn
- Please no climbing or standing on the outside of the play equipment.
- Please no running.
- Please no food, gum or drinks on the play equipment. Please no alcoholic drinks in the Children's Room.
- Please do not bring toys or other items into the play equipment.
- Please do not play if the play equipment is wet
- Please inform the front desk via phone to 786-220-5934 or via text to 786-417-6577.

I, the undersigned, agree to observe and abide by all the above-cited regulations, as well as, acknowledge that participation in a recreational activity can be hazardous and I realize that no one should enter a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant. Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release the Plaza 851 Brickell Condominium Association, its co-sponsors, their representatives and successors from all and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

SIGNATURE OF RESIDENT

PRINT NAME

DATE

DATE



Credit Card Authorization Form

TOWER _____ UNIT _____

I, _____, authorize use of my credit card for the sole purpose of Plaza 851 Brickell Condominium Association. I have been advised by Plaza 851 Brickell Condominium Association of the use of my credit card.

VISA, MASTERCARD OR DISCOVER ONLY

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ 3 Digit Code (CVV): _____

Amount of Authorization: _____

Signature: _____

Be advised that Plaza 851 Brickell Condominium Association does not accept American Express.

Privacy Act Notice: This information is for the sole use of Plaza 851 Brickell Condominium Association. It will not be disclosed outside the agency except as required by law. Please be advised that for the protection of your confidential information this document will be disposed of after use.