



PARKS AND RECREATION DEPARTMENT

Community Center
1100 Lyons Road
Coconut Creek, FL 33063
Phone: 954-545-6670
Fax: 954-968-5303

Sabal Pines Park
5005 NW 39 Avenue
Coconut Creek, FL 33073
Phone: 954-545-6600
Fax: 954-418-7989

Recreation Complex
4455 Sol Press Blvd.
Coconut Creek, FL 33073
Phone: 954-956-1580
Fax: 954-574-1465

2019 – 2020 NON-RESIDENT YOUTH SPORTS CARD FORM
COCONUT CREEK SCHOOL REGISTRANT ONLY

- Sports Card is valid from August 1, 2019 to July 31, 2020.
• Fee is \$100 per Family (Effective: August 2, 2019).
• The Sports Card cannot be used for the same sport season within validation period.
• Child must reside in household to be covered by Sports Card.
• Proof of child’s current enrollment in (Public or Private) Coconut Creek School at time of purchase. Accepted documents include report card, school ID, or attendance verification letter from Coconut Creek school principal on Broward County School Board letterhead.
• Proof of guardianship (Birth Certificate or Court document) is required at time of purchase.

Check One: [ ] New Card [ ] Renewal Card

Parent or Guardian Information: (Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #1 \_\_\_\_\_

Phone #2 \_\_\_\_\_

Child Information: (Print)

Child 1 \_\_\_\_\_

Child 3 \_\_\_\_\_

D.O.B. \_\_\_\_\_

D.O.B. \_\_\_\_\_

Gender \_\_\_\_\_

Gender \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 4 \_\_\_\_\_

D.O.B. \_\_\_\_\_

D.O.B. \_\_\_\_\_

Gender \_\_\_\_\_

Gender \_\_\_\_\_

I agree and comply with these terms:

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*CITY USE ONLY\*\*\*

Method of Payment: [ ] Cash [ ] Check [ ] Credit Card (Visa, MC, Discover, Amex) \_\_\_\_\_ (Last 4 digits)

Total Amount Paid: \_\_\_\_\_

Guardianship Verified by Staff (Initials) \_\_\_\_\_ Current School Enrollment Verified by Staff (Initials) \_\_\_\_\_

Received By: Staff Name (Print) \_\_\_\_\_

Date: \_\_\_\_\_