



Northern Florida Park Maintenance Workshop and Skills Challenge

Thursday, May 9, 2024
8:30 a.m. - 2:30 p.m.

Mower Obstacle
Course
Ping Pong Pick Up
Backhoe Egg Drop
Soccer Ball Blower
and More!

Location

Paul E. Reinhold Agricultural
Fairgrounds
Clay Co Parks and Recreation
2463 State Road 16 West
Green Cove Springs, Florida,
32043

Fee

Pre-Registration - \$18.00
(On or before 4/26/24)
Registration - \$36.00
(on or after 4/27/24)
* Lunch provided with
pre-registration

8:30 –9:15 a.m. **Registration/Check In**

9:15 - 9:30 a.m. **Welcome**

9:30 - 11:30 a.m. **Education Sessions**

- Turf Grass Management
Dr. A.J. Lindsey, Assistant Professor/Urban Turfgrass Management, University of Florida
- Proper Pruning of Shrubs and Trees
Dr. Wayne Hobbs, Horticulture Extension Agent, UF/IFAS Extension Clay County
- Sun Safety
Annie Wallau, Health Extension Agent, UF/IFAS Extension Clay County

11:30 a.m. - 12:30 p.m. **Lunch and Vendor Visits**

12:42 - 2:00 p.m. **Skills Challenges and Recreational Activities**

2:00 - 2:30 p.m. **Skill Challenge Awards**



Thank you to our sponsors!

Host Sponsor: Clay County





Please ensure that your finance department processes payment for registrations based on when the payment will be received by FRPA.

Northern/Central Parks Workshop & Skills Challenge | 5/9/24

Agency Name:	
Contact Person:	Email
Address	Number of Participants:
City/State/Zip	Please list the participant names on separate paper and send to charla@frpa.org by April 26.
Phone	Fax

- Please fill out registration form completely
- Make copy of registration form for your files
- Each participant must complete a waiver form and bring it the day of the event

Registration: Payment received on or before 4/26/24			
Number of participants :		X \$18.00 =	
Late and Onsite Registration : Payment Received on or after 4/27/24			
Number of participants :		X 36.00 =	
Total :			

Method of Payment	Register Today
Check Visa Master Card Discover AMEX	
Credit Card #	Fax Registration with credit card information to (850) 942-0712
Expiration Date	Mail Registration with Payment to: FRPA
Name as appears on Card	2528 Barrington Cir #1
Signature	Tallahassee, FL 32308
Billing Address:	

Cancellation Policy

All refund requests must be made in writing. Full refunds will be made for Requests received prior to the early rate cutoff date. Requests received between the regular rate date and one week prior to the workshop date will be eligible for a 50% refund. No refunds will be available for requests made within one week of the workshop or after the workshop occurs. Refunds will not be available for weather related cancellation.

Waiver (attached) MUST be signed by each individual attending the event.

Other Policies: The Florida Recreation and Park Association recognizes the diversity that exists within our profession, our membership, and those attending FRPA events. As a sponsor, we want you to enjoy your time at this event. We ask that you join us in encouraging and maintaining the highest professional standards possible at all functions within this event. Attendees, presenters, vendors, and staff at FRPA events are expected to conduct themselves at all times in a courteous, professional, and respectful manner. Attendees are required to abstain from behavior that reflects poorly on their agency, the Florida Recreation and Park Association their company, and the membership. Such conduct includes, but is not limited to, actions disrupting the businesslike atmosphere, harassment, discrimination, inappropriate language, failing to comply with all local, state, and federal laws, and activities that endanger self and others. Please be aware that if you are a sponsor and have an exhibit/display, these apply to anything visual used within your exhibit/display. While we do not anticipate these challenges, we do want to be transparent regarding our commitment to assuring a safe and enjoyable environment for all event participants and let you know that misconduct will be addressed with you individually and/or with your employer. Attendees, presenters, vendors, and staff who do not comply with this code of conduct at any event may be removed from said event and barred from attending all future FRPA sponsored or co-sponsored events.

By attending this event/activity/workshop, I give permission and consent to allow photographs and video to be taken during activities sponsored by the Florida Recreation and Park Association (FRPA). I further give permission and consent that any such media may be published and used by FRPA and its agents, to illustrate and promote the association and its programs. I understand that it is my responsibility to communicate with FRPA if I do not wish to be photographed or videoed.

**FLORIDA RECREATION AND PARK ASSOCIATION, INC.
WAIVER FORM**

Activity: 2024 Northern Turf Rodeo

Activity Date: May 9, 2024

Name _____
Address _____
City/State/Zip _____

Work Phone _____
Fax Line _____
Home Phone _____

Participant Waiver Statement

I understand that there may be some inherent risks involved in my participation in the above stated activity, including but not limited to those associated with weather conditions, health conditions, playing conditions, equipment and other participants. I fully assume the risk associated with the participation in said activity and hereby waive any and all claims I may have against the Florida Recreation and Park Association and Clay County and its Directors, Officers, or any other employees, arising out of any personal injury or property damaged that is incurred during said participation, whether active or non-active.

I UNDERSTAND THIS MUST BE SIGNED PRIOR TO PARTICIPATION IN ABOVE MENTIONED ACTIVITY

The Florida Recreation and Park Association and Clay County reserve the right to deny access to any Association sponsored event, if the activity supervisor determines the participant not fit to participate because of consumption of alcohol, health purposes, or any other reason that may place the participant or other participants in danger.

If I or my dependent(s) should suffer an injury or illness as a result of participation in the above stated activity/event, I authorize FRPA or Event Staff to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action, and agree to pay for any expenses incurred for this treatment.

I, _____ (print name), further agree to indemnify and save and hold harmless the Florida Recreation and Park Association and Clay County, and therefore, the above written waiver of liability is acceptable to me and I agree to fully assume the risk associated with the participation in the above mentioned activity.

Signature

Date Signed

Signature of Parent if Participant is under the age of 18 years old at time of participation

Date Signed

Activity Director Signature
(must be an official representative of FRPA)

Date Signed