Grimes Parks : Recreation Group Lessons
July 18-18, M-Th 2 wks, 8:30-9:00 Am

**PLEASE PRINT**

# PARKS & RECREATION REGISTRATION FORM

Parent Name _____

Street Address (No P.O. Boxes) _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Emergency Name _____ Emergency Phone _____ Additional Comments/ Medical Information: _____

I hereby agree to indemnify and hold harmless the Clive Parks and Recreation Department and City of Clive, its agents, commissioners, officers, volunteers and employees ("Released Parties") from any and all liability for personal injuries or damages I may hereafter sustain while participating in, traveling to or from, or observing of the Department sponsored activities whether such personal injuries or damages are caused by negligence of the Released Parties or otherwise, to the full extent permitted by law. I understand that there are inherent risks in participating in this activity. I also give my permission for any photos/videos of these participants taken during the program to be used for future department promotional materials. The individuals listed on the registration form have my permission to participate in the listed programs.

**PARTICIPANT OR PARENT/GUARDIAN (IF MINOR)** _____ **DATE** _____

**SIGNATURE REQUIRED**

**One family per form. Multiple immediate family members may be registered on same form. If you are signing up someone outside of your family, a separate form is required in order to enroll in the designated program. Completed, signed forms and full payment are considered enrollment confirmation unless you are contacted.**

***Enrollments are non-transferable.***

**T-Shirt Sizes:**
**Youth:** S(6-8), M(10-12), L(14-16)
**Adult:** S, M, L, XL, XXL (add'l cost for XXL)

| Participant Name | Sex | Birthdate Mo./Day/Year | Age | ~~T-Shirt Size~~ | ~~Program #~~ Level | ~~Program Name~~ Questions? | FEE: |
|---|---|---|---|---|---|---|---|
| | | | | | | | 35.00 each |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Credit Card Information: ____ VISA ____ MASTERCARD ____ DISCOVER

Card Number: _____ Exp. Date __/__

Signature: _____

*It is the responsibility of the disabled individual requiring accommodations to contact the Parks & Recreation Department at least 48 hours in advance, to allow full participation in an activity. For more information, call 223-5246.*

**CITY OF CLIVE**
**PARKS & RECREATION**
**1900 NW 114th ST., CLIVE, IA 50325**
**PHONE: 223-5246 FAX: 457-3092**

**TOTAL AMOUNT DUE** _____

Make Checks Payable to City of Clive
CASH AMOUNT _____
CHECK # _____
DATE _____
RECEIVED BY _____

Please review attached pages to register for the correct level