

REGISTRATION POLICIES



Program registrations may be completed online, mailed or faxed in, or dropped off in person at:

Clive Parks and Recreation Department
 (Mon. through Fri. 8:00 a.m. – 4:30 p.m.)
 1900 NW 114th Street, Clive, IA 50325
 FAX: 457-3092

ONLINE REGISTRATIONS

Registrations will be accepted for Clive residents beginning August 15 and for non-residents beginning August 29.

In-office registrations will be processed for Clive residents beginning August 22 and for non-residents beginning August 29.

Please make checks payable to:
 "City of Clive"
 VISA, MASTERCARD & DISCOVER
 are also accepted.

Registration Change Fee

A fee of \$5 will be charged for each change made after registrations have been processed.

REMEMBER TO MARK YOUR CALENDARS WITH ALL ACTIVITIES YOU REGISTER FOR.

REGISTRATIONS

- 1.) Pre-registration is required for all programs. All registrations must be received 7 days prior to the program start date unless otherwise noted in the program guide or until program is full.
- 2.) Registration will be accepted when the form is submitted, fully completed, signed, and accompanied by the appropriate fees.
- 3.) NO REGISTRATIONS OR REGISTRATION CHANGES WILL BE ACCEPTED OVER THE PHONE.
- 4.) ALL PARTICIPANTS MUST MEET AGE REQUIREMENTS BY THE PROGRAM START DATE.

ONLINE REGISTRATIONS

Instructions are given on our web page (www.cityofclive.com) for registering online.

REFUNDS

Refunds are given only for the following reasons:

- 1.) If an unforeseen medical issue arises. A written medical excuse may be required.

- 2.) The session is cancelled by the department. Registered participants may transfer to another program or session within ten business days after being notified of the cancellation. If a transfer is not processed within ten days, a refund will be given.

TRANSFERS

- 1.) Registered participants may request a transfer to a different session or similar program if an alternate session or program is available.
- 2.) All transfer requests must be made prior to the registration deadline of the original program. Requests for program transfers after the registration deadline will not be accepted.
- 3.) Transfers will incur a \$5 change fee.
- 4.) Enrollments are not transferable to another person outside of the immediate family.

CONFIRMATIONS

NO CONFIRMATIONS WILL BE SENT TO PARTICIPANTS. Please assume your class will be held at the time and place indicated unless you are notified. You will be notified if a class is cancelled, filled or changed. We will be happy to send you a confirmation if a self-addressed, stamped envelope is included with your mail-in registration.

CANCELLATIONS

Programs cancelled due to weather conditions will be announced on the Information Line. Staff will contact you when unforeseen circumstances arise. Parents are asked to call the Information Line periodically when threatening weather may be in the metropolitan area.

INFORMATION LINE 830-1234

The Information Line will be in service 24 hours a day. Updates will be made periodically during the day.

QUESTIONS?

If you have any questions about registration, please give us a call at 223-5246 or check us out on the internet: www.cityofclive.com

PARKS & RECREATION REGISTRATION FORM

PLEASE PRINT

Parent Name _____ City _____ Zip _____
 Street Address (No P.O. Boxes) _____ Cell Phone _____ Email _____
 Home Phone _____ Work Phone _____ Emergency Phone _____ Additional Comments/ Medical Information: _____
 Emergency Name _____

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

Participant Name	Sex	11-12 Grade in School	Birthdate Mo./Day/Year	Age	T-Shirt Size	Program #	Program Name	FEE:

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.

Credit Card Information: _____ VISA _____ MASTERCARD _____ DISCOVER _____
 Card Number: _____ Exp. Date ____/____/____

TOTAL AMOUNT DUE

**Enrollments are non-transferable. **

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

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

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.

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