

PLEASE PRINT **LIBRARY/PARKS & RECREATION/AQUATICS REGISTRATION FORM**

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

I hereby agree to indemnify and hold harmless the Clive Parks & Recreation Department, Library and City, its agents, commissioners, officers, volunteers and employees of, 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. I also give my permission for any photos/videos of these participants taken during the program to be used for future departmental promotional materials. The individuals mentioned below have my permission to participate in the listed programs.

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

One family per form. Multiple family members may be registered on same form. Completed, signed forms and full payment are considered enrollment confirmation unless you are contacted.

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	Grade <small>06-07 In School</small>	Sex	Birthdate <small>Mo./Day/Year</small>	Age	T-Shirt <small>Size</small>	Program No.	Program Name	FEE:

Credit Card Information: ___VISA___ MASTERCARD ___DISCOVER___
 Card Number: _____ EXP. DATE: ___/___
 SIGNATURE: _____

TOTAL AMOUNT DUE _____

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

CITY OF CLIVE
PARKS & RECREATION/LIBRARY
 1900 NW 114th St. Clive, IA 50325
 Fax: 457-3092

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