

REGISTRATION POLICIES

REGISTRATION IS EASY!



Online:
rec.cityofclive.com



Mail or drop off:
1900 NW 114th St. ✦ Clive, IA 50325



Fax:
(515) 457-3092

Clive residents can register Tuesday, May 1 at 9:00 a.m.

Non-resident registration begins Tuesday, May 8 at 9:00 a.m.

REGISTRATION DEADLINE: Seven days prior to program start date.

REFUND POLICY: Program credits will be given as long as the request is made before the program registration deadline date. Any time after that date, credits will only be issued with a written medical excuse. This policy does not apply to travel programs and adult sports leagues.

CHANGE/CANCELLATION FEE: A fee of \$5 will be charged for each registration changed or cancelled after participants are enrolled. Changes must be made seven days prior to the program start date.

PROGRAM CANCELLATION: Parks and Recreation reserves the right to cancel a program that does not meet participant minimum requirements.

CANCELLATION LINE: The Cancellation Line provides status of any program or league game cancellations due to weather or other circumstances. Please call (515) 830-1234 for updates.

ACCOMMODATIONS: It is the responsibility of the individual who requires accommodations to inform the Park and Recreation Department at least 48 hours in advance to allow full participation in an activity. Participants needing accommodations are encouraged to request accommodations when they submit their registration. Please call (515) 223-5246 to request accommodations.

PARKS AND RECREATION REGISTRATION FORM

REGISTRATION INFORMATION

- By applying for these recreation programs, each resident realizes the inherent risks involved in the program and appreciates the nature of these risks. The applicants hold the City of Clive harmless for any damage caused by participation in these programs. The City provides no medical insurance. Participants registering for activities of strenuous nature are encouraged to seek physician's approval.
- Registrants and participants permit the taking of photos and video of themselves and their children during City-sponsored activities for publication and use, as the department deems appropriate.



City of Clive Parks and Recreation
1900 NW 114th St. ♦ Clive, IA 50325
Phone: (515) 223-5246 ♦ Fax: (515) 457-3092
Email: parksandrec@cityofclive.com

Name of parent/guardian (if minor) or participant:

Last _____ First _____

Address _____

City _____ State _____ Zip _____

Phone: Cell _____ Other _____

Email address _____

Emergency contact _____ Phone _____

Participant name	Birthdate Mo./Day/Yr.	T-shirt size*	Program number	Program name

**For designated programs only. Youth: S, M, L Adult: S, M, L, XL, XXL (additional cost for XXL)*

Credit card information: Discover MasterCard Visa

Name on card _____ 3 digit code _____

Card number _____ Exp. date _____

Cash Check number _____ Amount paid _____

Do you need a special accommodation due to a disability to participate?

No Yes *(If yes, please contact our office at 223-5246 at least 48 hours in advance.)*