

REGISTRATION POLICIES

REGISTRATION IS EASY!



ON-LINE:
rec.cityofclive.com



MAIL OR DROP OFF:
1900 NW 114th St., Clive, IA 50325



FAX:
(515) 457-3092

**Clive residents can register Monday, February 27 at 9:00 a.m.
Non-resident registration begins Monday, March 20.**

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.

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 _____ Do you need accommodations in order to participate? Yes No

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 (additional cost for XXL)

Participant Name	Sex	Birthdate Mo./Day/Year	Age	T-Shirt Size	Program #	Program Name	FEE:

Credit Card Information: _____ VISA _____ MASTERCARD _____ DISCOVER _____

Card Number _____ Exp. Date ____/____/____ CWV/CVC # _____

Signature _____ CITY OF CLIVE

It is the responsibility of the disabled individual requiring accommodations to contact the Parks and Recreation Department at least 48 hours in advance, to allow full participation in an activity. For more information, call (515) 223-5246.

PARKS and RECREATION
 1900 NW 114th ST., CLIVE, IA 50325
 PHONE: (515) 223-5246 FAX: (515) 457-3092

TOTAL AMOUNT DUE _____

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