

Registration Form for Kids P&R Programs

Only one child per form. Use dark ink pen and print clearly.

Processed in order by date received. Payment must accompany registration.

Register Online at cityofclearlake.com

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DAYTIME PHONE: _____ E-MAIL: _____

AGE ON 6/01/16: _____ GRADE FALL 2016: _____ GENDER (M or F): _____

PARENT'S/GUARDIAN'S NAME: _____

EMERGENCY CONTACT: Name: _____

Phone Number: _____

ALLERGIES/SPECIAL HEALTH NOTES : _____

•Swim Lessons \$32 (per session):
Session _____ Level _____ Time _____

•Fall Flag Football \$25 Shirt size _____
Can mom or dad help coach team? _____

•Little Lakers \$95

•Special Activities \$35

•Operation Adventure \$95

•Youth Golf \$25 (per session): Session _____

•Small Adventures \$35 (per session):

Golf Clubs Needed (Y or N) if yes Right or Left handed _____

Session _____

•Tennis \$30 (per session): Session _____

•Playgrounds \$60

•Fish Iowa Camp \$17 (per session): Session _____

•Fall Soccer \$25 Shirt size _____
Can mom or dad help coach team? _____

•Advanced Fishing \$23

•Summer Soccer Camp \$25 Time _____

•Dance Clinic \$15 optional shirt (add \$10)
Shirt size _____

•Summer Football Skills Camp \$25 Session _____

Shirts are offered and included in cost for Flag Football and Fall Soccer only. Dance shirt is optional for \$10.

Select Shirt Size: YS YM YL AS AL AM AL AXL

FEE TOTAL: (add \$5 late fee for each course if submitted after registration deadline) \$ _____

Checks payable to: "City of Clear Lake"

Clear Lake Parks & Recreation
P.O. Box 185
Clear Lake, IA 50428

Phone: 641-357-7010
Fax: 641-357-4879

By signing this agreement, I the participant, parent, and/or guardian understand that participation in this activity may result in some type of injury and protective equipment does not prevent all injuries to participants. I hereby give permission for my child, ward, or myself to participate in the registered program and/or activity and certify that my child (or myself) is physically fit to join in the activities. I hereby waive, release, and agree not to hold the City of Clear Lake, Parks and Recreation Department, sponsors, supervisors, and volunteers liable for any injuries that may occur as a result of participation in these activities. I also give my permission for any photos/videos, etc. of these participants taken during a program to be used for future departmental promotional materials. Please take note and govern yourself accordingly.

THE CLEAR LAKE PARKS AND RECREATION DEPARTMENT AND THE CITY OF CLEAR LAKE HAVE NO ACCIDENT INSURANCE TO PROTECT THE PARTICIPANTS.

PARENT/GUARDIAN SIGNATURE (REQUIRED) X _____

Date _____

(No confirmations will be sent. Please mark your calendar.)

For office use only:

Date Rec'd _____

Ck _____ Cash _____ \$ _____