

Summer 2017

Registration Form for Kids P&R Programs

Register Online at cityofclearlake.com

Only one child per form. Use dark ink pen and print clearly.
Processed in order by date received. Payment must accompany registration.

FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____
 HOME PHONE: _____ CELL PHONE: _____
 DAYTIME PHONE: _____ E-MAIL: _____
 AGE ON 6/01/17: _____ GRADE FALL 2017: _____ 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 _____
- Little Lakers \$95
- Operation Adventure \$95
- Small Adventures \$35 (per session):
Session _____
- Playgrounds \$60
- Fall Soccer \$25 Time _____ Shirt size _____
Can mom or dad help coach? _____
- Summer Soccer Camp \$25 Time _____
Can mom or dad help coach? _____
- Fall Flag Football \$25 Shirt size _____
Can mom or dad help coach? _____
- Special Activities \$35
- Youth Golf \$25 (per session): Session _____
Golf Clubs Needed (Y or N) if yes Right or Left handed _____
- Tennis \$30 (per session): Session _____
- Fish Iowa Camp \$17 (per session): Session _____
- Dance Clinic \$15 optional shirt (add \$10)
Shirt size _____
- Summer Football Skills Camp \$25 Time _____

Shirts are offered and included in cost for Flag Football and Fall Soccer only. Dance T-shirt is optional for additional \$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 Phone: 641-357-7010
P.O. Box 185 Fax: 641-357-4879
Clear Lake, IA 50428

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 _____ \$ _____