

# I WANT TO REGISTER; NOW WHAT DO I DO?



## GO ONLINE

Log on to [www.crrec.org](http://www.crrec.org). Click the "Register Online" button in the right hand column. Log on and follow the directions provided. The first time you use the system your user name is your household I.D. number and your password is the primary adult's last name (up to twelve characters, not case sensitive). If you do not have a household I.D. number you must call the Parks & Recreation Department at 286-5731 weekdays, between 8am and 5pm. Online registration is processed 24 hours a day with credit card payment up to two business days prior to the start of the class or session or the registration deadline date.



## CALL US

**Weekdays from 8am-5pm**

Call 286-5731. Your registration will be processed by a customer service representative while you wait. Credit card payment only.

## FAX US

Use the form below and fax us at 286-5732. Credit card payment only.



## WALK IN

Stop by the Ambroz Recreation Center, 2000 Mount Vernon Road SE, between 8am-5pm weekdays and we will process your registration. Cash, check, Cedar Rapids Parks & Recreation Department gift certificates and credit cards accepted.

## MAIL IN

Use the form below and mail it to us at:



**Cedar Rapids Parks & Recreation  
2000 Mount Vernon Road SE  
Cedar Rapids, IA 52403**

Check and credit card payment accepted.

**T-SHIRT SIZES**

**Youth Sizes:** YXS = 2-4  
YS = 6-8  
YM = 10-12  
YL = 14-16

**Adult Sizes:** S, M, L

## Discounts

### Advanced Registration Discount-

For art, dance and music programs, a discount is given if the participant registers at least seven days in advance of the start of the program. The discount allows for better planning by staff in purchasing necessary supplies. This discount will automatically be given when registering for a program for which it applies, if payment is received prior to the discount deadline.

### Financial Assistance Discount-

A discount is given to individuals who qualify on recreational programs and swim passes. Please call 286-5731 to inquire about the qualification process.

### Resident Discount-

Individuals who reside in a zip code with 524 as the first three numbers will receive a discount for programs and swim passes. Residents of Cedar Rapids currently contribute to the Parks & Recreation Department's combined recreation and aquatic budgets through property taxes. To allow for a fairer fee policy, the discount was established.

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### Please Print

Adult Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Choice	Prog. #	Program Name	Day/Time	Registrant's First, Last Name	M/F	DOB*	Shirt Size	Fee
First								
Second								
First								
Second								
First								
Second								

\*Date of Birth \_\_\_\_\_ Total Program Fee \_\_\_\_\_

CHECK ENCLOSED (Make payable to: City of Cedar Rapids)

Circle: Visa MasterCard Discover Expiration Date: / / Signature: \_\_\_\_\_

Credit Card Number:

Can we email your receipt? If yes please list address: \_\_\_\_\_

### YOUTH WAIVER AND PHOTO/VIDEO PERMISSION

(One form per participant for youth programs only.)

Participant Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: I hereby authorize my son/daughter to register to participate in the above stated program(s) sponsored by the City of Cedar Rapids Parks & Recreation Department. I understand that this (these) program(s), like most programs similar in nature, has (have) some degree of inherent risk involved. Furthermore, my son/daughter is in good physical condition appropriate to participate in the stated activity(ies) AND I UNDERSTAND THAT THE PARTICIPANTS MUST ASSUME FULL RESPONSIBILITY FOR BODILY INJURY INCURRED WHILE TAKING PART IN THE ACTIVITY(IES). NO ACCIDENT INSURANCE IS PROVIDED THROUGH THE CITY OF CEDAR RAPIDS. I grant the Cedar Rapids Parks & Recreation Department permission to use pictures or videos taken of my child during participation in programs. I waive my right to inspection or compensation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_