MAIL / FAX FORM

Please Print

Adult Name: Last _____ First _____ Initial _____

Address _____ City _____ State _____ Zip Code _____

Phone Numbers: Daytime _____ Evening _____

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

*Date of Birth

Total Program Fee _____

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

Check One: ☐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 _____

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Address _____ City _____ State _____ Zip Code _____

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