

**REGISTRATION FORM**

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Program Name	Dates	Time	Location	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby give permission for my child (or myself) to participate in the above registered program/activity and certify that my child/I am physically fit to join in the activities. I will not hold the City of Urbandale or Urbandale School District or its appointed staff responsible in case of accident/injury or loss as a result of participation in these activities. I understand that the City of Urbandale and the Urbandale School District does NOT carry health/accident insurance to cover participants or spectators in any recreational program. I understand that misrepresentation of any registration information will result in immediate dismissal from the program with NO refund. Refunds will only be given up to the registration deadline date of each activity. After that, no refunds will be given except in the event of unforeseen medical reasons or program cancellations. I also understand occasionally photos may be taken of participants in programs, activities and events. I give permission to allow these photos to be used in future program guides, brochures, web site or other promotional information.

**Checks payable and return to: Urbandale Parks and Recreation, 3600 - 86th Street, Urbandale, IA 50322**

PARENT / PARTICIPANT SIGNATURE (REQUIRED) X _____ Date _____
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