



# Waukeee

PARKS & RECREATION

## Registration Form

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Special Medical Attention: \_\_\_\_\_

### CONSENT AND INDEMNIFICATION:

I/We, as parents and/or guardians of the above-named, hereby give my/our consent to my/our participation in all activities of the Waukeee Parks and Recreation programs during the current session. I/We assume all risk and hazards incidental to such participation, including transportation to and from such activities. I/We are fully aware of the potential injury or damage, which may occur as a result of participation in such activities. I/We hereby waive, release, and absolve the City of Waukeee, the City of Waukeee Park and Recreation Committee, local organization of volunteers and sponsors, supervisors, participants and persons transporting the above-named to and from activities, from any claims or demands; and I/We hereby agree to indemnify such persons against any claims or demands arising out of my/our participation in such activities, except as may be covered by insurance. Photos/videos taken of participants and guests in programs, activities, special events and festivals may be used in promotional materials, press releases, and on the City of Waukeee's website and social media channels.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian if Minor

\_\_\_\_\_  
Date

Participant's Name	Grade	Sex	Birthdate	Age	Program Name	Date/Time	Fee

Make Checks Payable to Waukeee Parks and Recreation  
Mailing address: 805 University Avenue Waukeee, IA 50263

**Waukeee Parks and Recreation Office**  
805 University Avenue Waukeee, IA 50263 Phone: 515-978-0007 Fax: 515-987-3979

#### For Office Use Only

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Received \_\_\_\_\_ Received By \_\_\_\_\_