BlastBall
Registration Form

Blast Ball 3 & 4 y/o

Early Bird by May 8th $20 □ May 9th-24th $30 □

Deadlines: Early Bird May 8th, Final deadline is May 24th

June 10th-14th Monday-Friday 10am-10:45

RETURN REGISTRATION TO COMMUNITY RECREATION CENTER

Checks Payable to "City of Story City"

Participant's Last Name	First Name	M.I.	Gender **M / F**	Birth date ____/____/____	2018-2019 Grade

Street Address	City, State	Zip Code	Main Phone

Parent or Guardian	Birth date ____/____/____	Cell Phone	Cell Phone Carrier **(used to send cancellation notices)**
Parent or Guardian	Birth date ____/____/____	Cell Phone	Cell Phone Carrier **(used to send cancellation notices)**

E-Mail Address (REQUIRED to receive information on schedules & program updates

T-shirt Size (circle): **4T 5T 6T**

In addition to the parents/Legal Guardian, I authorize only the following person to be contacted in an emergency if the parent/legal guardian cannot be contacted.

Name	Relationship to child/youth	Home Phone	Work Phone	Cellular/Other Phone

STORY CITY PARKS AND RECREATION YOUTH SPORTS PARTICIPATION RELEASE OF LIABILITY

The Story City Parks and Recreation Department recommends that all participants seek a medical opinion and release/consent by a licensed physician for physical fitness prior to participating in organized sports and recreational activities.

PLEASE READ CAREFULLY AND SIGN

I am the legal guardian of _____, who has my permission to participate in this Story City Parks and Recreation program. The undersigned guardian and ward understand that the proposed participation by said ward in recreational sports or activities may pose a risk of injuries and/or death. With that in mind, I hereby, for myself, the above-referenced ward, and our heirs, executors, administrators and assigns, waive any and all rights and claims to damages I may have against the City of Story City, and their subcommittees, agents, representatives, and assigns, whether employed or volunteer, for any and all injuries or damages suffered by me or my ward as a result of participating in said recreation program. I authorize Story City Parks and Recreation volunteers to seek medical attention for my ward in the event of an emergency. I also understand and agree that photographs may be taken and used for future program publicity.

The undersigned acknowledge that we have read the foregoing and we understand that same is intended to limit the liability of the City of Story City.

_____

Legal Guardian of proposed participant **Date**

_____

Ward and proposed participant **Date**

Coaches are needed!

As a parent, I am interested in helping:_____

Please circle T-Shirt Size for Coach: S M L XL XXL