



2019 Parent/Child Aquatics Registration Form

<http://cityofstorycity.org/pool-3/>

July 8th-24th Mon/Wed 7:00-7:30pm

\$30 now- June 17th \$40 June 18th-June 28th

Deadline June 28th

RETURN REGISTRATION TO STORY CITY POOL 618 HILLCREST DR

Checks Payable to "City of Story City"

Participant's Last Name	First Name	M.I.	Gender M / F	Birth date ____/____/____	2017-2018 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)					
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, the Central Iowa Rec League (CIRL), 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 and the Central Iowa Rec League.

Legal Guardian of proposed participant

Date

Ward and proposed participant

Date

*******THIS WAIVER MUST BE SIGNED TO PARTICIPATE IN THIS PROGRAM*******

