

Please read all directions before filling out form

1. Fill in form completely;
2. Add all program fees and include a check for full amount made out to City of Caldwell;
3. Mail in or drop off completed form to: **Caldwell Parks and Recreation, 618 Irving St, Caldwell, ID 83605;**
4. Office hours are 8:00 am – 5:00 pm. 208-455-3060

Parent or Guardian Information:

NAME : FIRST	LAST	MI
--------------	------	----

RESIDENTIAL ADDRESS:

STREET		
CITY	STATE	ZIP

MAILING ADDRESS: (if different from above)

STREET		
CITY	STATE	ZIP

CONTACT INFORMATION:

E-MAIL ADDRESS		To receive promotional information via email concerning future activities check here <input type="checkbox"/>
HOME PHONE	WORK PHONE	CELL PHONE
PAGER	FAX	OTHER PHONE

IN CASE OF EMERGENCY, CONTACT: (if parent is unable to be reached)

FIRST	LAST	MI
PHONE	RELATION	

Participant 1 Information:

NAME: FIRST		LAST			MI
GENDER check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE	NAME OF SCHOOL	
ACTIVITY #	START MO/DAY	ACTIVITY NAME			FEE

Participant 2 Information:

NAME: FIRST		LAST			MI
GENDER check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE	NAME OF SCHOOL	
ACTIVITY #	START MO/DAY	ACTIVITY NAME			FEE

Participant 3 Information:

NAME: FIRST		LAST			MI
GENDER check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE	NAME OF SCHOOL	
ACTIVITY #	START MO/DAY	ACTIVITY NAME			FEE

I certify that, to the best of my knowledge, the participant(s) named herein is/are physically able to engage in these activities. In consideration of acceptance of the registration, I for myself, children, guardianship and anyone entitled to act on the behalf of anyone registered for the City of Caldwell Recreational programs, agree to waive any claim against the City of Caldwell, its employees or its agents for injuries that may occur as a result of my participation in this program. I understand the risks involved in the activity and will exercise caution to avoid injury. I give my consent for use of any photographs or videotape taken of myself and/or participant to be used in future promotional and marketing materials.

Signature _____ Printed Name _____ Date _____