CALDWELL PARKS & RECREATION
MAIL IN/DROP OFF REGISTRATION FORM

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 Caldwell Parks and Recreation;
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

Refund Policy:

A total refund is issued if the class or program you have registered for is filled or cancelled by the City Recreation Department. A refund, minus a $6.00 processing fee is issued when you cancel 7 days before the starting date of the class session or for medical reasons (with documented evidence). Fees will be charged for any class attended. The processing fee is waived if you apply your refund to an alternate session or class. **Refunds are not issued: 1.)** When you cancel after the 7th day prior to the beginning date of a class/program, **2.)** When the paid fee is under $6.00, or **3.)** For team fees when cancellation is after registration deadline.

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 ☐
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:

For additional participants please see back of form

NAME:

FIRST	LAST	MI

PERSONAL INFORMATION:

GENDER check one: ☐ MALE ☐ FEMALE	DATE OF BIRTH	AGE	GRADE	NAME OF SCHOOL

ACTIVITY

ACTIVITY #	START MO/DAY	ACTIVITY NAME	FEE

Authorization for Program Participation:

1. I, the undersigned, hereby agree to allow the individual(s) named to participate in the City of Caldwell Recreation activities listed above.
2. I certify that, to the best of my knowledge, the participant(s) named herein is/are physically able to engage in these activities.
3. 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 above mentioned 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. My signature acknowledges that I understand the risks involved in the activity and agree that I will exercise caution and take all steps necessary to avoid injury.
4. I give my consent to use any photographs or videotape taken of myself or of the participant in future promotional or marketing materials.
5. I hereby attest that I have read, understand and agree to the above statements.

Signature	Full Printed Name	Date	Relationship to Participant(s)

Participant 2 Information:

NAME:

FIRST		LAST		MI

PERSONAL INFORMATION:

GENERAL ☐ MALE check one: ☐ FEMALE	DATE OF BIRTH	AGE	GRADE	NAME OF SCHOOL

ACTIVITY

ACTIVITY #	START MO/DAY	ACTIVITY NAME	FEE

Participant 3 Information:

NAME:

FIRST		LAST		MI

PERSONAL INFORMATION:

GENDER ☐ MALE check one: ☐ FEMALE	DATE OF BIRTH	AGE	GRADE	NAME OF SCHOOL

ACTIVITY

ACTIVITY #	START MO/DAY	ACTIVITY NAME	FEE

Participant 4 Information:

NAME:

FIRST		LAST		MI

PERSONAL INFORMATION:

GENDER ☐ MALE check one: ☐ FEMALE	DATE OF BIRTH	AGE	GRADE	NAME OF SCHOOL

ACTIVITY

ACTIVITY #	START MO/DAY	ACTIVITY NAME	FEE

Participant 5 Information:

NAME:

FIRST		LAST		MI

PERSONAL INFORMATION:

GENDER ☐ MALE check one: ☐ FEMALE	DATE OF BIRTH	AGE	GRADE	NAME OF SCHOOL

ACTIVITY

ACTIVITY #	START MO/DAY	ACTIVITY NAME	FEE