

If you want to mail your registration form in please use the address listed below:
 Grinnell Recreation Department
 520 -4th Avenue
 Grinnell, IA 50112



If you want to drop off your registration from at the Recreation Department use the address listed below:
 Grinnell Athletic & Recreation Center
 1500 Penrose St
 Grinnell, IA 50112

Registration Form-Grinnell Recreation Department

1. _____

Today's Date: ____/____/____

Participant's Name(s) Last, First, Middle 2. _____

1. Registration Information

Pre-Registration is required for all programs with the fees due and payable at the time of registration. No registration is complete until the fee has been paid and the participant's name is added to the registration roster. All registrations are accepted on a first-come, first-served basis. The registration deadline is five (5) business days before a specific program is to begin, unless otherwise noted. If a class is filled before your registration is processed, you will automatically be placed on a waiting list. Always use correct age at the beginning of the program.

2. Refund Policy

- No refunds will be issued for adult team sport activities.
- A full refund is allowed only for a medical reason or if the program is cancelled by the Recreation Department.
- A \$5.00 administration fee will be assessed to all refunds if requesting party is not willing to transfer funds to another program.
- A refund of 50% of the program fee will be issued on registrations cancelled after the start of the program, but less than 50% of the classes have met.
- No refunds will be issued if more than 50% of the classes have met.

3. Late Fee

A late fee of \$5.00 will be assessed to the fee for those registering after the deadline or start of the program.

4. Photos/Video

Registrants and participants permit the taking of photos and video of themselves and their children during city sponsored

5. _____ Participant Information

Street Address, Apt# _____ Parent/Guardian: _____

City _____ State _____ Zip _____ Address *if different* from participant: _____

Primary Phone () _____ Secondary Phone () _____ ****E-mail Address:** _____

Emergency contact: _____ Birth Date of Child: 1. ____/____/____

Name _____ Emergency Phone Number () _____ 2. ____/____/____

6. PROGRAM #	NAME OF PROGRAM	NAME OF PARTICIPANT(S)	AGE	SHIRT SIZE	PROGRAM FEE	LATE CHARGE IF APPLICABLE	TOTAL FEE

7. I certify I have read and understand the statements above concerning: registration, refunds, late fees, and photos/video.

8. **General Liability Release:** The undersigned person certifies as follows: I recognize that because of the potential hazardous nature of this activity, named above, that an injury might be sustained. In the event of injury, I give permission to hospitals, physicians and other care providers to render such treatment as would be normal and agree to pay the usual charges for such treatment. I release the City of Grinnell and its Recreation Department, the Ahrens Park Foundation, its employees, and agents for any personal injuries or damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my spouse, dependents, and personal representative. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. I hereby agree to abide by the rules and regulations of the Grinnell Recreation Department.

9. _____ / ____/____
 Signature of Participant or Parent/Guardian if Participant is under 18 Date

Do Not Write Below This Line - Recreation Office Use Do Not Write Below This Line - Recreation Office Use

Pay Mode: Cash ____ Check ____ Credit ____ Receipt # _____

Data Entry: Date ____ By: ____