

Registration Form

(Please Print)

Parent/Guardian (Please Print): _____ Birth Date ____ / ____ / ____

Address: _____ City: _____ Zip: _____

Primary Phone #: (____) _____ Day Time #: (____) _____

Email: _____

Shirt Sizes (when available): YS (6-8) / YM (10-12) / YL (14-16) / AS / AM / AL / AXL / AXXL

(please print)
Participant Name: _____ M / F Birth Date: ____ / ____ / ____ Age: ____

Grade	Shirt Size (if applicable)	Activity Name	Activity #	Fee

(please print)
Participant Name: _____ M / F Birth Date: ____ / ____ / ____ Age: ____

Grade	Shirt Size (if applicable)	Activity Name	Activity #	Fee

(please print)
Participant Name: _____ M / F Birth Date: ____ / ____ / ____ Age: ____

Grade	Shirt Size (if applicable)	Activity Name	Activity #	Fee

Parental Permission

1. I/we recognize and agree that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities.
 2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Marshalltown for advertisements, training, or other purposes.
 3. In the event of injury or illness, I hereby give my consent for medical treatment, and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Print Name: _____ **Checking this box signifies you have read and agree to the above parental permission for your child.**

For Credit Card Payment ONLY

Name on Card: _____ Card Type (please circle): MC VISA AMEX
 Card #: _____ Exp. Date (MM/YY): ____ / ____ CVC# _____