

Registration Form

*Participants Name _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*E-mail: _____ Don't Have Email

*1st Phone: _____ *2nd Phone: _____

*Gender: M F *Age: _____

*Event registering for: _____

T-Shirt Size: _____

*****Please make sure the Waiver is signed.*****

* = *Required Fields*

530 West Buff St. Cherokee, Iowa 51012 712-225-2715 cityckerd@evertek.net

Waiver-

Please read and sign below: I realize that my participation, and that of my family, in any program sponsored by the Cherokee Parks & Recreation Department, is strictly voluntary.

I acknowledge that there is a risk of accidental injury, and hereby release, acquit, and discharge the City of Cherokee's officers, directors, employees, and/or affiliates from any liability for any and all damages and injuries suffered in any activity or program.

Signature

CHEROKEE



PARKS & RECREATION