

**2016 RECREATION REGISTRATION FORM:**

1. Write each child's name by a letter listed below. \_\_\_\_\_ **LAST name(s) of children**
2. Circle program(s) for each child using their corresponding letter.
3. Figure a total fee based on each activity or the family rate.
4. Fill out and sign release form on back of page. (Recreation form preferred)
5. Include registration, release form, and check. (May combine Rec. & Pool fees into one payment).

***Make check payable to: Cresco Fitness Center or Cresco Park & Recreation.***

6. Mail or bring to: Cresco Fitness Center--316 3rd Ave E--Cresco IA 52136

Child – A: \_\_\_\_\_ Child – B: \_\_\_\_\_ Child – C: \_\_\_\_\_

Child – D: \_\_\_\_\_ Child – E: \_\_\_\_\_

\* Are you a member of the Cresco Fitness Center?  YES  NO \* If your answer is no, you must pay an extra fee for the program(s) which are held in the Cresco Fitness Center.

Member Fee	↓	↓	Non member Fee	School year (2016-17)	Deadline Date
\$ _____ A B C D E \$25	↓	↓	\$25	A. Boys Major Baseball.....Gr. 7-8.....	4/30
\$ _____ A B C D E \$25			\$25	B. Boys Little League Baseball.....Gr. 5-6.....	4/30
\$ _____ A B C D E \$20			\$20	C. Boys Pony Baseball.....Gr. 3-4.....	4/30
\$ _____ A B C D E \$25			\$25	D. Girls Softball.....Gr. 5-8.....	4/30
\$ _____ A B C D E \$20			\$20	E. Girls Pony Softball.....Gr. 3-4.....	4/30
\$ _____ A B C D E \$20			\$20	F. Boys & Girls T-Ball.....Gr. 1-2.....	4/30
\$ _____ A B C D E \$15			\$15	G. Boys & Girls Spring Soccer..... <span style="color: red;">Gr. K-6 (2015-16)</span>	4/30
\$ _____ A B C D E \$10			\$10	H. Boys & Girls Golf .....Gr. 6-7-8.....	4/30
\$ _____ A B C D E \$10			\$20	I. Girls Basketball Camp *.....Gr. 1-8.....	4/30
\$ _____ A B C D E \$10			\$20	J. Boys Basketball Camp *.....Gr. 1-8.....	4/30
\$ _____ A B C D E \$10			\$20	K. Girls Cheerleading Camp*.....Gr. 1-6.....	4/30
\$ _____ A B C D E \$10			\$20	L. Boys Wrestling Camp *.....Gr. 1-6.....	4/30
\$ _____ A B C D E \$10			\$10	M. Boys & Girls Tennis.....Gr. 4-6.....	4/30
\$ _____ A B C D E \$20			\$20	N. Boys & Girls Arts & Crafts.....Gr. 2-7.....	4/30
\$ _____ A B C D E			<b>NO FEE</b>	O. Tiny Tots Arts & Crafts.....Ages 1-6	
\$ _____ A B C D E			<b>NO FEE</b>	P. Boys & Girls Spring Track Meet..... <span style="color: red;">Gr. 4-6 (2015-16)</span>	
\$ _____ A B C D E \$20			\$20	Q. Boys Fall Flag Football & summer camp....Gr. 3-4.....	8/29
\$ _____ A B C D E \$20			\$40	R. Girls Fall Volleyball & summer camp *.....Gr. 3-6.....	8/29
\$ _____ A B C D E \$20			\$40	S. Boys & Girls Winter Basketball *.....Gr. 3-6.....	11/21
\$ _____	<b>Sub-total or</b>		<b>\$125 \$175</b>	T. Recreation Family Fee. ( <b>Good thru April 30, 2016</b> )	

\$ \_\_\_\_\_ **LATE FEE \$10.00 per participant Between the deadline and on or before activity start date**  
**\$20.00 per participant After the start date (\$20 Maximum per Participant)**

\$ \_\_\_\_\_ **T-shirts / other items**

\$ \_\_\_\_\_ **TOTAL AMOUNT**

VOLUNTEERS SIGN UP HERE.

Name: \_\_\_\_\_

Sport(s) \_\_\_\_\_

Childcare Provider:

\_\_\_\_\_

Names of Participants:

\_\_\_\_\_

## PERMISSION, RELEASE & EMERGENCY TREATMENT FORM

As a parent and/or guardian of the minor child(ren) listed below, I hereby grant permission for my child to participate in any activity sponsored by the Cresco Fitness Center or the Cresco Park & Recreation.

By granting permission, I hereby acknowledge that the risk of injury, which could lead to permanent disability, or even death, is inherent in any athletic activity. Furthermore, I understand that the possibility of a catastrophic injury does exist even though proper rules and techniques of any athletic activity are followed to the fullest.

I hereby assume such risks of injury on behalf of my child(ren) and myself and will not hold the Cresco Fitness Center, Cresco Park & Recreation, its coaches, employees, or volunteers responsible for accidents taking place during practice, games, or activities sponsored by the Cresco Fitness Center or the Cresco Park & Recreation.

I hereby authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Furthermore, I accept all financial responsibilities for necessary treatment and services.

By enrolling/registering my child in a Cresco Fitness Center or Cresco Park & Recreation program, I am consenting to the use or reproduction of my child's likeness, name, artwork, design or creation on any promotional materials, schedules, rosters or other printed or electronic media, including dissemination by electronic means.

Must be filled out each year. Include family members for all recreation and pool activities.

First	Last	Grade (2016-17)	Birthdate	Male	Female
Child A	_____	_____	_____	_____	_____
Child B	_____	_____	_____	_____	_____
Child C	_____	_____	_____	_____	_____
Child D	_____	_____	_____	_____	_____
Child E	_____	_____	_____	_____	_____

Name of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business or Cell Phone (Father) \_\_\_\_\_

Business or Cell Phone (Mother) \_\_\_\_\_

Are you a member of  
the Fitness Center?

YES

NO

e-mail \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list other persons to be called for emergencies if above are unavailable:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list each child's medical allergies, chronic illness or other medical conditions the staff should know:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form expires June 1, 2017.

Both *parents sign if possible.*