Clarinda Lied Center

and Student information for ALL registrations. Complete the section(s) pertaining to the activities in which you would like to register the participant. "

"Instructions: Complete the Waiver, Parent/Guardian and Student information for ALL registrations.

"I waive and release all members of the City Council, employees of the City of Clarinda and anyone involved in this program from any claim or liability in the event of injury. My child is in good physical condition and capable of understanding a strenuous recreation program with the following exceptions:

In case of emergency, such medical treatment as is deemed necessary by qualified personnel is authorized and will be paid for by me or my insurance company."

Parent or Guardian: (PRINT)				
Home Phone: () Work #: () Ce	∋ll #:		
Signature:		Date:		
In case of emergency and I cannot be reached, please notify:				
Name:		Phone:()		
Participant Information				
Student's Name:		_ Phone:()		
Address:	City:	State:	Zip:	
Birthdate:	Age:		Sex: M	F

T-Shirt Size:

Parent or Guardian interested in coaching? Y or N

Session 1 - 4:30pm ____ Session 2 - 5:30pm ____

Fee: \$30



The City of Clarinda/Lied Center occasionally assigns a photographer to videotape and/or take photos of our members and participants engaged in various activities. Some of these videos and photos are used in the City of Clarinda marketing materials, ads, or brochures. I hereby give my permission and consent, now and for all time to make, reproduce, edit, broadcast, or rebroadcast any video film, footage, soundtrack recording, and photo reproductions of me and/or my narrative account of experiences at the Clarinda Lied Center, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business use without any compensation to, and/or claim, by me. I may or may not be identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

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