City of Mount Pleasant Parks & Recreation Department

Registration Information

1. This registration form may be used for all programs.
2. Mail-in registration does not guarantee enrollment in a program or class. Swim lesson mail-in registration begins April 1st.
3. Registration for classes in more than one session is possible on this form.
4. A self-addressed stamped envelope MUST be enclosed to receive confirmation.
5. Use one form for each participant. Mail to: Park & Recreation, 220 W. Monroe, Mount Pleasant, IA 52641
6. Checks must accompany registration form. Make checks payable to Mount Pleasant Park & Recreation Department.
7. There is a $15.00 service charge on all returned checks.
8. There is a $5.00 late registration fee for all registrations accepted after the deadline. *See page 5.*

A printable registration form can be found online at www.cityofmtpleasantiowa.org

Mail-in Registration

Participant's Name _____ Gender _____ Grade _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Resident _____ Non-Resident _____ (A resident lives within the city limits of Mt. Pleasant)

Class Title	Session	Time	Start Date	Fee
1.				
(or)				
2.				
(or)				
3.				

If registering for a youth sport, please complete the following section:

School _____ Teacher _____ Shirt Size _____

Hold Harmless Agreement

Whereas, the city of Mt. Pleasant, Iowa, acting through Mt. Pleasant Parks & Recreation Department, is conducting recreational activities for the benefit of the persons of Mt. Pleasant, Iowa area on the above program dates for the activity. We the undersigned, hereinafter referred to as the participants and if said participant is under the age of 18, we the parents also do hereby covenant and agree to save the City of Mt. Pleasant and its employees free and harmless thereto, at whatsoever kind of nature that may arise in the future, or at any time as a result of said participants actions sponsored by the City of Mt. Pleasant, Iowa on the above program. Said claims, demands, damages and causes of action include but are not limited to medical care, hospitalization and personal liability claims brought by or against each individual participant.

_____

Signature of Parent or Guardian **Date**

Parent or Guardian's Email _____