

Mount Pleasant Parks & Recreation Department

Participant's Name _____ Gender _____

Grade _____ Age _____ Birthday ____/____/____

Address _____ City/State/Zip _____

Phone _____ Emergency Phone: _____

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 _____ Shirt Size _____

Hold Harmless Agreement

Whereas, the City of Mount Pleasant, Iowa, acting through Mount Pleasant Park and Recreation Department, is conducting recreational activities for the benefit of the persons of Mount Pleasant, Iowa are on the bout program dates for the activity.

We the undersigned, here in after 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 Mount Pleasant and it's employees free and harmless thereto, at whatsoever kind of nature that may arise in the future, or at anytime as a result of said participants actions sponsored by the City of Mount Pleasant, Iowa on the above program. Said claims, 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 Address