



CITY OF CEDAR RAPIDS PARKS & RECREATION DEPARTMENT  
**\*NEW\* ULTIMATE CAMP**

**Boys & Girls Ages 7-18**  
**Monday-Thursday, June 20 - 30**  
**5-7 PM McKinley Field**  
**\$24 (20 residents) includes shirt/disc**



Ultimate combines the non-stop movement and athletic endurance of soccer with the aerial passing skills of football. Learn the skills you need to play this exciting game in this co-ed eight-day camp.

Register with a credit card online or by phone, or mail the form below (check payment only) to the Cedar Rapids Parks & Recreation Department (addresses below).

**Questions? Contact Liz Malloy, e.malloy@cedar-rapids.org or (319) 286-5698.**

**Parks & Recreation Department**  
**City Services Center (CSC)**  
**500 15th Avenue SW**  
**Cedar Rapids, Iowa 52404**  
**(319) 286-5566**

**Ambroz Recreation Center**  
**2000 Mount Vernon Road SE**  
**Cedar Rapids, Iowa 52403**  
**(319) 286-5731**

**www.CRREC.org**  
**Recreation@cedar-rapids.org**

**Deadline: 5:00 PM, Monday, June 13, 2016.**

**REGISTRATION FORM**

-----cut here-----

**Adult Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Initial** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Numbers: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Program #	Program Name	Date/Time	Registrant's First/Last Name	M/F	DOB*	Fee
111906-01	Ultimate Camp 7-10 yrs.	M-Th, 6/20-6/30, 5-7pm				
111906-02	Ultimate Camp 11-14 yrs.	M-Th, 6/20-6/30, 5-7pm				
111906-03	Ultimate Camp 15-18 yrs.	M-Th, 6/20-6/30, 5-7pm				

\* **Date of Birth** \_\_\_\_\_ **Total Fee** \_\_\_\_\_

**CHECK ENCLOSED (Make payable to City of Cedar Rapids)**

**Can we email your receipt? (Address if different from above)** \_\_\_\_\_

**YOUTH WAIVER AND PHOTO/VIDEO PERMISSION (One form per participant for youth programs only.)**

**Participant Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: I hereby authorize my son/daughter to register to participate in the above stated program(s) sponsored by the City of Cedar Rapids Parks & Recreation Department. I understand that this (these) program(s), like most programs similar in nature, has (have) some degree of inherent risk involved. Furthermore, my son/daughter is in good physical condition appropriate to participate in the stated activity(ies) AND I UNDERSTAND THAT THE PARTICIPANTS MUST ASSUME FULL RESPONSIBILITY FOR BODILY INJURY INCURRED WHILE TAKING PART IN THE ACTIVITY(IES). NO ACCIDENT INSURANCE IS PROVIDED THROUGH THE CITY OF CEDAR RAPIDS. I grant the Cedar Rapids Parks & Recreation Department permission to use pictures or videos taken of my child during participation in programs. I waive my right to inspection or compensation.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_