

Active Adventures

Recommended grade: Entering 4th grade and older

Please contact West Branch Parks and Recreation Director Melissa Russell
319-930-0393 or melissa@westbranchiowa.org for more information.

Active Adventures Program Details

Age: 4th-7th grade

Fee: \$50 per session

Time: 1pm-4::30pm

Day: Tuesdays

Registration deadline: Session 1- May 17th, Session 2 June 14th,
Adventureland-June 14th

Drop Off/Pick Up Location: Town Hall

Other Information: Activities are subject to change based on weather concerns. Please bring refillable water bottle. Food is not provided.

Registration is currently limited to 12 participants. Must have at least 8 participants for session to occur.

One Child per Form-Use this form if **only** registering for Active Adventures

By signing this agreement, I the participant, parent, and/or guardian understand that participation in this activity may result in some type of injury and protective equipment does not prevent all injuries to participants. I hereby give permission for my child, ward, or myself to participate in the below registered program and/or activity and certify that my child (or myself) is physically fit to join in the activities. I hereby waive, release, and agree not to hold the City of West Branch Parks and Recreation Department sponsors, supervisors, and volunteers liable for any injuries that may occur as a result of participation in these activities. I also give my permission for any photos/videos, etc. of these participants taken during a program to be used for future departmental promotional materials. I understand that if my child is found using drugs or alcohol or behaving in a manner which is dangerous to them or others, I will be contacted, and my child will be sent home immediately at my expense. **No refunds will be given after the registration due date without a medical excuse.**

Please take note and govern yourself accordingly.

THE WEST BRANCH PARKS AND RECREATION DEPARTMENT AND THE CITY WEST BRANCH HAVE NO ACCIDENT INSURANCE TO PROTECT THE PARTICIPANTS.

I would like to register (child's name) _____ Age: _____ Grade in fall 2019: _____

Parent/Guardian name: _____

Emails: _____

Address: _____

Cell Phone/home phone numbers: _____

If I can't be reached, please contact (name and phone number): _____

I understand that video cameras may be used to monitor student behavior on buses at any time and may be used in student disciplinary proceedings.

Signature

Office Use Only

Amount Paid: \$50 _____ \$100 _____ Other _____

Check # _____ Cash _____ Credit Card _____

Activities and times are subject to change. Late registrations will be accepted if space allows. Registration is limited. Please return completed form and payment to West Branch City Office PO Box 218, 110 North Poplar St. West Branch, IA 52358.

No refunds will be given after the due date without a medical excuse.