

## Adventureland Trip

**Recommended grade: Entering 4<sup>th</sup> grade and older**

***Please contact West Branch Parks and Recreation Director Melissa Russell***

***319-930-0393 or [melissa@westbranchiowa.org](mailto:melissa@westbranchiowa.org) for more information.***

### **Adventureland Trip**

Tuesday July 2<sup>nd</sup>- 9am-8pm

No fee if participant is enrolled in all sessions of Mash Up and Active Adventures.

\$25 fee if already enrolled in Fearless, Active Adventures, or Mash Up.

\$40 fee for those not enrolled in Active Adventures or Mash Up.

#### **One Child per Form-Use this form if only registering for Adventureland**

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.

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**Signature**

<b>Office Use Only</b>
<b>Amount Paid: No Fee</b> _____ <b>\$25</b> _____ <b>\$40</b> _____ <b>Other</b> _____
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.***