PARKS & RECREATION FACILITY HOURS AND PHONE NUMBERS

Administrative Office...... 319-286-5566 Weekdays: 7:30 a.m. - 4:30 p.m.

City Services Center 319-286-5566 Weekdays: 7:30 a.m. - 4:30 p.m.

Golf Office (CSC)......319-286-5588

Weekdays: 8 a.m. - 4 p.m.

NW Recreation Center..... 319-286-5731 Weekdays: 8 a.m. - 5 p.m.

Discounts

RecAssist Financial Assistance Program

For guidelines and to apply, go to CityofCR.com/RecAssist, or call 319-286-5566 during regular business hours.

Resident

Those who reside in a zip code with 524 as the first three numbers receive a discount for programs and swim passes.

T-SHIRT SIZES

Youth Sizes: YXS = 2-4

YS = 6-8 YM = 10-12 YL = 14-16

Adult Sizes: S, M, L

REGISTRATION GUIDELINES

- Payment must be received to register for a program.
- The Department reserves the right to cancel or consolidate classes based on registration. A full refund is issued for all cancelled classes. Minimum and maximum class sizes are utilized.
- Waiting lists are established when classes are full. Additional classes may be offered if the minimum enrollment is reached and facility space is available.
- Fees will not be prorated.
- Registration is required prior to the start of class, unless noted.
- A youth waiver is required for every participant under age 17.
- A \$4 non-refundable handling charge will be deducted from the refund of each class when an enrollee withdraws prior to the first day of class. Once the first day of class arrives, refunds are not issued unless the class or program is cancelled by Parks & Recreation. Swimming exception: See page 42.
- If your child turns the minimum age required within 30 days of the start of the program, they may register for that program unless noted otherwise.
- Web registration is available up to the day prior to the start of the class or session or the registration deadline date.

I want to register; now what do I do?



GO ONLINE - Our improved process is convenient and easy!

Log on to **CRREC.org**. Click on the Online Registration link. Log on and follow the directions provided. The first time you use the system your user name is your household ID number and your password is the primary adult's last name (up to twelve characters, not case sensitive). Online registration is processed 24 hours a day with credit card payment up to the day prior to the start of the class or session or the registration deadline date.



CALL US

Weekdays from 7:30 a.m. - 5 p.m.

Call 319-286-5566. Your registration will be processed by a customer service representative while you wait. Credit card payment only.



WALK IN

Stop by one of our two locations below. Cash, check, Cedar Rapids Parks & Recreation gift cards, Discover, MasterCard, and Visa accepted.



MAIL IN

Fill out the form (available online at **CRREC.org**) and mail it to us with your check or money order:

Cedar Rapids Parks & Recreation
Northwest Recreation Center
1340 11th Street NW [or]
Cedar Rapids, IA 52405





Please P	rint									
Adult Na	ame: Last <u></u>			First			lı	nitial		
Address				City State _			Zip Code			
Phone Numbers: Home				-						
- TIONE IV						-				
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Second										
First										
Second										
*Date of	Birth			Total Program Fee						
Can w	ve email your	SED (Check or money or receipt? If yes pleasor	e list address	:	-					
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		Ag								
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										
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Phone Numbers: HomeV				Cell						
Choice First	Prog. #	Program Name	Day/Time	Registrant's I	First, Last Name	M/F	DOB*	Shirt Size	Fee	
Second			+							
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		SED (Check or money r receipt? If yes pleas	-		-					
YOUTH \	WAIVER AND P	HOTO/VIDEO PERMISSIO	DN	(One form p	er participant f	or yout	h program	s only.)		
Participant	Name		A	ddress						
Phone		A	ge		Date of Birth _					
Parks & Re- Furthermo ASSUME FU CEDAR RAP right to ins	creation Departme re, my son/daughte JLL RESPONSIBILITY PIDS. I grant the Cec spection or compen		e) program(s), like i appropriate to part WHILE TAKING PA	most programs simila cicipate in the stated a RT IN THE ACTIVITY(IE sion to use pictures or	r in nature, has (have activity(ies) AND I UNI S). NO ACCIDENT INSU r videos taken of my c) some de DERSTAN JRANCE IS child duri	egree of inher D THAT THE PA S PROVIDED TH ng participatio	ent risk involved ARTICIPANTS MU HROUGH THE CIT on in programs.	d. JST TY OF	
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