

Cedar Rapids Parks & Recreation Department

Daddy/Daughter Dinner & Dance



Spend a magical evening with your daughter (4-10 yrs.)
Put on formal attire and enjoy a sit-down dinner and dance with your little girl.

Friday, February 10, 2012
6:30-8:30 p.m., Glovik Parish Center
St. Wenceslaus Church, 1224 5th Street SE

Program #302801-01 \$35 Residents, \$42 Non-residents (Price is per couple.)

Please Print

Adult Name: Last _____ First _____ Initial _____

Address _____ City _____ State _____ Zip Code _____

Phone Numbers: Daytime _____ Evening _____

Program #	Program Name	Day and Time	Daughter's First, Last Name	M/F	DOB*	Fee
302801-01	Daddy/Daughter Dinner & Dance	Feb. 10, 6:30-8:30 p.m.		F		
Father's First, Last Name						

*Date of Birth

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

Circle: Visa MasterCard Discover Expiration Date: / / Signature: _____

Credit Card Number:

Can we email your receipt? If yes please list address: _____

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 _____