

New Castle Recreation Department
423 W. Main Street
P.O. Box 90
New Castle, CO 81647



(970) 984-3352 office
(970) 984-2716 fax
www.newcastlecolorado.org/recreation
rec@newcastlecolorado.org

ADULT PROGRAM REGISTRATION FORM

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Home/Cell Phone: _____

Work Phone: _____

Email: _____

Team Name (if applicable): _____

Completed registration form and payment are required prior to participating in any activities.

THE FINE PRINT

In consideration for the right to participate in New Castle Recreation programs or activities, I hereby agree to the following:
I understand that any recreational activity, including the one for which I am applying, involves certain risks to my personal safety and property or the safety and property of others. I agree that it is solely my responsibility to insure my health is adequate and my capabilities are sufficient to participate in this activity. I hereby waive any claim I might have against the Town of New Castle and its officers, employees, agents, servants, contractors, insurers and all representatives and sponsors, including Lakota Canyon Ranch & Golf Club, and New Castle Family Fitness, arising out of my participation in this activity. Furthermore, I hereby agree to release and hold harmless the Town of New Castle from any claim brought by a third party due to my participation in this activity. I understand that I or my child may be photographed and give permission for photographs to be used to publicize activities for the Recreation Department. In the event of an emergency I give consent for me or my child to be taken to and treated at the nearest medical facility, understanding that every effort will be made to contact the emergency contact person set forth on this form. In such event, I shall be solely responsible for all medical expense associated with medical care. If I am signing this agreement on behalf of a minor child, I understand that the foregoing agreements and waivers shall apply equally to the child.

SIGNATURE _____ **DATE** _____

PLEASE CHECK THE BOX(ES) FOR THE PROGRAMS YOU ARE REGISTERING FOR BELOW

- | | |
|--|---|
| <input type="checkbox"/> 3 on 3 Basketball League - \$100.00 per team | <input type="checkbox"/> Donnas' Dog Obedience Training - \$79.00 per dog |
| <input type="checkbox"/> Mixed Quads Volleyball League - \$100.00/\$120.00
<input type="checkbox"/> Free Agent (Individual) - \$30.00 | <input type="checkbox"/> Zumba Fitness Classes - \$100.00 for 2 months |
| <input type="checkbox"/> Sand Volleyball Leagues - \$50.00/\$60.00
<input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Coed | <input type="checkbox"/> Aqua Zumba Classes - \$99.00
<input type="checkbox"/> M/W AM <input type="checkbox"/> T/Th PM |
| <input type="checkbox"/> Golf Clinics at Lakota Canyon - \$99.00/\$30.00
<input type="checkbox"/> 6/5-6/26 <input type="checkbox"/> 7/10-7/31 <input type="checkbox"/> 8/7-8/28 | <input type="checkbox"/> Piloxing - \$99.00 |
| <input type="checkbox"/> Martial Arts Classes - \$79.00 intro/\$110.00 | <input type="checkbox"/> Tai-Chi - \$50.00 |
| <input type="checkbox"/> Park to Park Fitness - \$99.00 | <input type="checkbox"/> Private Piano Lessons - \$120.00 |

OFFICE USE ONLY: Paid: \$ _____ **Check #:** _____ **Date:** _____ **Received by:** _____