

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](http://www.newcastlecolorado.org/recreation)  
[rec@newcastlecolorado.org](mailto:rec@newcastlecolorado.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Who does the player live with? \_\_\_\_\_

Emergency Contact other than parents: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Waiver and Medical Release**

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) BELOW FOR THE PROGRAMS YOU ARE REGISTERING FOR**

- Valley Dynamite Cheer Camp
  - Session 1 – 6/11-6/15
  - Session 2 – 7/23-7/27
- Christopher Harvey Wrestling Camp
  - Ages 4-9 - \$125.00
  - Ages 10+ - \$150.00
- Youth Coed Volleyball Grass League - \$40.00/\$50.00
- Youth Grass Volleyball Camp - \$40.00/\$50.00
- Olympiad Sports Camp - \$75.00/\$80.00
- Speckled Feather Craft Clubs – Kids - \$55.00/Teens - \$60.00
  - Session 1
  - Session 2
  - Session 3
- New Castle Family Fitness Programs
  - Aqua Zumba - \$100.00
  - Zumbatomic - \$80.00
  - Zumba - \$100.00
  - Park to Park Fitness - \$99.00
  - Piloxing - \$99.00
  - Tai-Chi – \$50.00
- Junior Golf Program @ Lakota Canyon - \$59.00
  - June 11-14
  - July 23-26
- Junior Golf League @ Lakota Canyon - \$99.00/\$25.00
- Kids Bowling Clinic - \$50.00/\$55.00
- Martial Arts Classes - \$79.00 intro/\$110.00 monthly
- Private Piano Lessons - \$120.00
- Titan Jr. Football Camp - \$45.00/\$50.00

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