

Adaptive and Inclusive Recreation (AIR) Registration Form

Name _____

Address _____

City _____

State _____ Zip Code _____

Participant Phone Number _____

Age _____ Birth date _____

Participant Email _____

Are you affiliated with an organization? If so which one?

Parent or Guardian Information

Name _____

Association with Participant _____

Phone Number _____

Email _____

Who is the best person to contact about program information or changes?

Name _____

Phone Number _____

Email _____

Please provide any medical information that the staff need to be aware of.

Diagnosis _____

Behavior concerns _____

Physical restrictions _____

Communication needs _____

Other Health Impairments _____

Please fill out this form completely. Mail or bring this form to the Robert A. Lee Community Recreation Center, 220 S. Gilbert Street, Iowa City, Iowa, prior to three working days before the program begins. Pre-registration is required, along with pre-payment in programs where there is a fee. Make checks payable to Recreation Division. Please register early as programs are filled on a first come basis. Only those registered will be allowed to participate. Participants will be expected to attend the activity on a regular basis. If unable to attend, please notify the Recreation Division office, 319-356-5100.

Online registration available at
www.icgov.org/activityregistration

Program Registration

Activity #	Program	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

PAYMENT INFORMATION:

Credit card: _____

Credit card number: _____

Expiration date: _____

Three digit security code: _____

Signature: _____