

2022 Mabel-Canton Summer Rec Registration Form

Please make checks payable to: City of Mabel. A \$15 service charge on all returned checks. Send form and payment to City of Mabel, P.O. Box 425, Mabel, MN 55954. No receipts will be sent out unless specifically requested.

Refunds: Given only if program is canceled due to low enrollment or because of medical problems.

Children's Conduct Policy: Children are required to follow all set rules and guidelines for programs or activities. The use of foul language, fighting, or disruption of activities is prohibited. If acts of disruption occur, parents will be notified and further disciplinary actions will be discussed. Consequences of poor behavior may include time outs, temporary suspension or revocation of participation privileges.

Parent/Guardian		
Address		
City	State	Zip
Home Phone	Work Phone	
Cell Phone	Email Address	

List of Activities	Ages or Grade *	Cost #
T-ball (Boys & Girls)	Ages 3-5	\$15 for city residents & \$20 for residents outside of city limits of Mabel & Canton
Advanced T-ball (B & G)	Grades K-2	\$15 for city residents & \$20 for residents outside of city limits of Mabel & Canton
Pee Wee Baseball (B & G)	Grades 2-5	\$25 for city residents & \$30 for outside of city limits of Mabel & Canton
Little League Baseball (Boys)	Grades 5-7	\$25 for city residents & \$30 for outside of city limits of Mabel & Canton
Softball (Girls)	Grades 4-7	\$25 for city residents & \$30 for outside of city limits of Mabel & Canton
Kickball (B & G)	Grades K-6	\$15 for city residents & \$20 for outside of city limits of Mabel & Canton

*Grade is the grade you just completed in school. Must be 3 by June 1st in order to participate in T-ball.

#Family cap of \$85 for city residents of Mabel & Canton and \$110 for residents outside of city limits of Mabel & Canton.

Registrant's First/Last Name	Age	Grade*	Sex	Activity 1	Activity 2	Activity 3	Shirt Size	Fee
							Total Amount Due:	

Program registrants assume full responsibility for any risk, implicit or direct, by participation in said activity or facility. You are advised the City does not provide medical insurance covering injuries to its participants.

WAIVER FORM: I, parent or guardian of the entrant(s) listed above, waive and release any and all rights and claims for damages against the City of Mabel and the City of Canton and its employees and volunteers, for any and all injuries that may be suffered by the entrant(s) listed above in connection with the above registered participation programs. I grant the City of Mabel and the City of Canton permission to use pictures or videos taken of my child during participation in programs. I waive my right to inspection and compensation.

PARENT/GUARDIAN'S SIGNATURE _____