



First Annual City of Arnold Boat Float



Kids individually or as a team of less than 4 will be given 2 hours in the gym from 11 am -1 pm to build a boat out of the approved materials (found in the provided packet). Then the teams of 1-4 participants will try to float their boat across the indoor pool.

If the boat has successfully floated across, it will then float back across.

The longest float by age group will win a gift card and also get their name on a trophy that will be displayed in the Arnold Recreation Center.

Start Date: November 7

Fee: \$10 per participant

Registration Deadline: November 5

Location: Arnold Rec Center

Participant's Name: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ Home Phone or Add'l Cell Phone : (_____) _____

E-Mail Address: _____

Circle One: RESIDENT NON-RESIDENT MEMBER *(Fees are the same)*

Circle Age: 5-8 9-12 13-16 16 and older Gender: Male Female

(Child MUST be correct age at the start date of the program)

Parent's Name: _____

Phone Number: (_____) _____ Email: _____

Agreement of Release & Hold the City of Arnold Harmless

My signature on this form indicated that I release, hold harmless, and indemnify the City of Arnold or any other instructor of any liability in case of an accident or injury, which the participant might sustain during the course of participation in this program. In case of any suit shall be brought against the City of Arnold and/or any instructor on account of any act, action, neglect, omission, or default of myself, I hereby covenant to assume the defense thereof and to pay any and all cost, charges, attorney's fees, and other expenses, and any and all judgments that may be incurred by or obtained against the City of Arnold, and/or any other Instructor. I consent & authorize, as a participant or parent/guardian, the City to reproduce any photographs, videotape and recording for promotional purposes.

Parent/Guardian Name _____ Phone _____ D.O.B. _____

Signature _____ Address _____



Staff Name _____	Date _____	Payment Type _____	Total _____
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