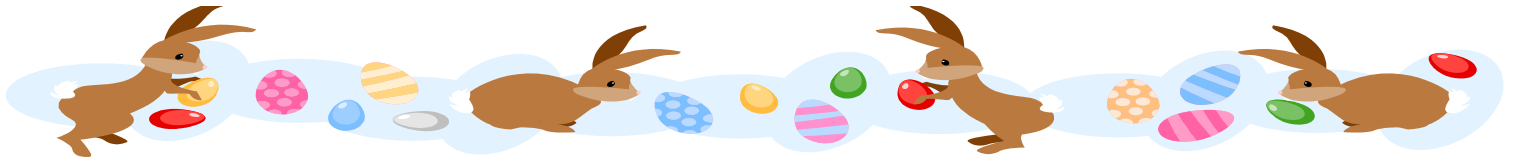


Join Clare Parks and Recreation for

The Shamrock Park Amazing Easter Egg Hunt,



Saturday, April 12, 2014

Have you heard the news? Due to the excessive amount of snow that we have received at the airport this winter, we are unfortunately unable to schedule the egg drop this year. Instead, the Easter Bunny will be hopping by Shamrock Park on Saturday, April 12th from 11:00 am to 12:00 pm for a traditional Easter Egg Hunt on the ground. There will be an egg hunt, crafts, games, and plenty of sweet treats. Not to worry, the Egg Drop will hopefully be able to return next year! This event is free and will be held rain or shine. Pre-registration by April 9th is required: contact atheunick@cityofclare.org or (989) 386-7541 X 213.

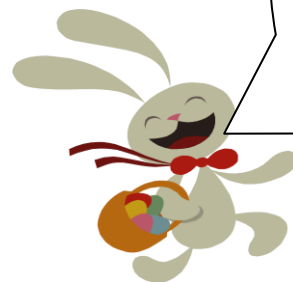
Registration for the Easter Egg Hunt is going on now at Clare City Hall. Pre-registration is required for this program. Registration deadline is Wednesday, April 9. Space is limited; register quickly, as this event will fill up fast! We offer three easy ways to register; walk in during office hours, utilize the after-hours drop box, or send your completed registration form by mail. "Activity Registration Forms" are available at City Hall or online at www.cityofclare.org. Additionally, volunteers are needed for this event. If you are interested in volunteering, please let us know.

Times

**11:00 A.M.
Ages 0-4****

**11:30 A.M.
Ages 5-8****

**12:00 P.M.
Ages 9-12****



**** If you have children in multiple age groups, you are free to choose just one hunt to participate in.**



Clare Parks and Recreation Department
202 W. Fifth Street, Clare, MI 48617
Phone 989.386.7541 ext. 213
Fax 989.386-4508
www.cityofclare.org



City of Clare, Parks and Recreation Department

Activity Registration Form

(Please print and fill out completely)

Participants Name _____ Male _____ Female _____

Parent/Guardian Name (If participant is under 18 years of age) _____

Address _____ Apt. _____ City _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email _____ Tee size _____

I would like to receive special email updates about parks and recreation programs for ages (please circle): Youth, Teen, Adult, Senior, All, None

Date of Birth _____ / _____ / _____ Age _____ Grade _____ School _____

City Resident: Y ___ N ___ Medical conditions or special needs we should be aware of _____

In case of emergency contact _____ at _____
(Name and Relationship)

Activity Name	Date(s)	Fee

Total Amount Due \$ _____

Check here if you need to be contacted regarding ADA accommodations.

Check here if you would like to be a volunteer.

Mail or walk-in to: City of Clare Parks and Recreation, 202 W. Fifth Street, Clare, MI 48617*

**Make checks payable to the City of Clare. Please do not send cash.*

RELEASE OF ALL CLAIMS

I, _____ of _____ agrees as follows:
Participant or Parent/Guardian Minor Child/Children (If applicable)

In return for the City of Clare permitting participation by the minor child I have listed above in a recreation program or event sponsored by the City, do for myself, the minor, all our heirs, executors, administrators and assigns, do release and forever discharge the City and its assigns from any and all actions, causes of action, damages or demands of whatever name or nature arising or to grow out of any and all accidents or matters related to the recreational program or event located in the City of Clare. I will indemnify and hold the City harmless for any injury or other damages or claims related to or caused by my participation or the minor listed above participation in the recreational program or event sponsored by the City.

I hereby specifically grant permission for the use of all photographs to the City, to use all photographs it, or its affiliates, may take of the participants in the recreational program or event without further permission or contact with me. Any photographs taken of the recreational activities and the participants will remain the property of the City of Clare for use by the City as it deems best, with no compensation to me or the minor child I have listed above.

Signature _____ Date _____
(Participant or Parent/Guardian Signature)

Office Use Only: Amount _____ Receipt # _____ Cash _____ Ck# _____ Date _____ Staff _____