

Registration Form

Brooklyn Park Recreation and Parks Department

Office: 763-493-8333 • Fax: 763-493-8254

Parent/Guardian _____

Street address (and Apt #) _____

City _____ State/Zip _____

Home phone (_____) _____ Work phone (_____) _____

Cell Phone (_____) _____ Email _____

Emergency contact _____ Cell phone (_____) _____

Relationship _____

List any disability or behavior concern _____

List any allergies or medical conditions that may affect participants _____

Participant First Name	Participant Last Name	Date of Birth	Gender (circle one)	Program Number	Program Name	Location	Fee
			M / F				
			M / F				
			M / F				
			M / F				
			M / F				
			M / F				
			M / F				
			M / F				

Missed classes: There will be no refunds for missed classes or discontinuing after the class start date.
Cancellations: Refunds will be given for registrations cancelled 3 days prior to the start of the class; a \$3 cancellation fee will be charged.

Total Due	
Total Enclosed	

NOTICE: Information requested on this form is classified as either "public" or "private" pursuant to the Minnesota Government Data Practice Act. The information is requested so the registration process can be completed and persons can be notified for updated program information. You are not legally required to provide this information. The consequences of not providing the information may be rejection of the registration or inability to make notification of program or scheduling changes to you. Private data will only be used by the City staff and others officially connected with the program for the purposes of administering the activity. Private data cannot be released to the public without your consent.

Permission and Waiver: I hereby agree to allow my child to participate in the above named Recreation and Parks Department activity. In consideration of your accepting this registration, I hereby, for myself and my heirs, waive any and all rights and claims for damages I may have against the City of Brooklyn Park and its representatives, for any and all injuries from whatever cause suffered by the above participant(s) in the indicated activity. I understand that the information that I have provided will be distributed to individuals involved with each recreation program. The Recreation and Parks Department often takes pictures/videos of participants enjoying their activities. These are used for program promotion, brochures, scrapbooks and staff training. I grant permission to use the pictures of my child(ren) for the above purpose.

Signature: _____ Date: _____

Payment:

<input type="checkbox"/> Check # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx Name as appears on card _____ Card number _____ Exp. Date _____ CVC 3-4 digit card verification code _____
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Make checks payable to the City of Brooklyn Park
 Mail to: Community Activity Center
 5600 85th Avenue N, Brooklyn Park, MN 55443