

Recreation Programs Registration Form

Parent/Guardian _____
 Street address _____
 City _____ State/Zip _____
 Home phone (____) _____ Work phone (____) _____
 Cell Phone (____) _____ Email _____
 Emergency contact _____ Home phone (____) _____
 Work phone (____) _____ Relationship _____
 List any disability or behavior concern _____
 List any allergies or medical conditions that may affect participants _____
 Fee Assistance Request: _____ Please contact me.

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.

Parent/Guardian Signature: _____ Date: _____

<p>Payment: <input type="radio"/> Cash <input type="radio"/> Check # _____ Make checks payable to the City of Brooklyn Park; mail to one of the addresses below. Registration will not be complete until payment is processed.</p>	<p>Credit Card Payment: Credit card payments are no longer accepted through the mail or fax. Please call one of the numbers below or you can register online at: www.brooklynpark.org/registration.</p>
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