

# Program Registration Form

City of Fridley Parks & Recreation Department, 7071 University Avenue NE, Fridley, MN 55432

(763) 572-3570

Participant Last Name		Family Last Name				
Address		City		State		Zip
Parent/Guardian 1		Home Phone			Work Phone	
Parent/Guardian 2		Home Phone			Work Phone	
E-Mail Address		Parent/Guardian 1 Cell			Parent/Guardian 2 Cell	
Emergency Contact		Home Phone			Work/Cell Phone	
Authorized Release 1		Home Phone			Work/Cell Phone	
Authorized Release 2		Home Phone			Work/Cell Phone	
Authorized Release 3		Home Phone			Work/Cell Phone	
Participant's First Name	Grade Completing	School	D.O.B.	Activity Name	Activity #	Fee
					Total Due	
					Total Enclosed	

PARTICIPANT LAST NAME:

Please list any information you feel our staff should be made aware of regarding special needs or medical conditions (allergy, medical condition, IEP, etc.)

**Photo Release**

By signing below I authorize the use of photos of the above participants and am aware that they may be used in local newspapers and/or Parks and Recreation Department publications (brochure, web site, flyers, etc.). I will call the Recreation office at 763-572-3570 if I do not want my child(ren)'s photographs used.

**Transportation Release**

By signing below I authorize the transportation to and from activities by the Recreation Department and/or their contractors (i.e., bus company) and waive and release any rights and claims for damages I may have against the agency providing the service).

**Data Privacy Warning**

In accordance with the MN Government Data Practices Act, the Parks and Recreation staff of Fridley hereby informs you that the personal information we are requesting of you and/or your child on our registration form is considered private. Private data is available to you and to City staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the City's Recreation staff may not be able to complete your registration and/or you may not receive updated program information such as schedule changes, etc.

**Liability Waiver**

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the agency providing the activity listed above and its representatives, successors and all injuries suffered by myself or my child at any activity sponsored by these groups. This release does not apply to injuries as the result of willful, wanton, or intentional misconduct.

*I, the undersigned, have read the above information pertaining to the Photo Release, Transportation Release, Data Privacy, Liability, Code of Conduct (listed on page 2).*

\_\_\_\_\_  
Registrant/Parent Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Receipt # \_\_\_\_\_ Amount Rcvd \$ \_\_\_\_\_ Scholarship \$ \_\_\_\_\_ Received by \_\_\_\_\_ Last 4 dig \_\_\_\_\_

**PAYMENT TYPE**

Cash  Check  VISA  MasterCard Card # \_\_\_\_\_ CVC \_\_\_\_\_ Exp Date \_\_\_\_\_