

YOUTH, ADULT & SENIOR ACTIVITY REGISTRATION FORM

10801 Town Square Drive, Blaine, MN 55449

Parks & Recreation Office: 763-785-6164 Fax: 763-785-6191 www.blaineparks.com



*City of Blaine
Parks & Recreation
Department*

Family Last Name	Address			Home Phone ()
First Name of Parent/Guardian (if under 18)	City	State	Zip	Work Phone ()
Emergency Contact Name & Phone (if different from above)	E-mail Address: _____			
Today's Date	Would you like to receive program updates through email? YES NO By giving us your email, we can notify you of program changes, cancellations, and new programs that will interest you and your family. Your email address will not be shared with any other organizations. You will not be spammed.			

YOUTH, ADULT & SENIOR ACTIVITY REGISTRATION

Participant's First & Last Name	M/F	Age	D.O.B.	Grade	Activity Name	Date(s)	Day(s)	Time	Location	FEE

Make checks payable to "City of Blaine"

<p>CONSENT TO RELEASE OF INFORMATION & RELEASE OF LIABILITY In consideration of your accepting this registration for my child (or person I am responsible for as guardian), or myself, I authorize the City of Blaine to disclose to the City's insurer, attorney, staff, coaches, participants and other personnel involved in this program the following information: name, address and telephone number. This information shall be used for the purpose of program administration. This consent to release information shall expire one year from the date of execution. I understand that the records are protected under the state and federal privacy regulations. I also understand that I may cancel this consent by a writing to that effect at any time prior to the information being released. I give my consent to use any photograph or video tape taken of my child (or person I am responsible for as guardian), or myself for future promotional or marketing materials. In consideration of the City providing the registered activities, I agree to not hold the City liable for any claim resulting from participation in any such activity, including claims for injuries, death and resulting attorney fees. The completion of your registration signifies your acceptance of this consent.</p> <p>_____</p> <p>SIGNATURE</p>	<p>To better serve our participants, we ask that the following information be completed. Please identify any information you feel our staff should be made aware of (i.e., disability, allergy, special need):</p> <p style="text-align: center;">PLEASE ENTER PAYMENT TYPE:</p> <p>() Cash () Check # _____ () VISA () MasterCard () Discover</p> <p>Card #: _____ Exp. Date: _____</p> <p>Signature: _____</p>	<p>OFFICE USE ONLY</p> <p>Fee Paid: _____</p> <p>Date: _____</p> <p>Rec'd By: _____</p> <p>MAX: _____</p>
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