

# YOUTH, ADULT & SENIOR ACTIVITY REGISTRATION FORM

**10801 Town Square Drive, Blaine, MN 55449**

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



*City of Blaine  
Park & 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	

## YOUTH, ADULT & SENIOR ACTIVITY REGISTRATION

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

*Make checks payable to "City of Blaine"*

**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.

\_\_\_\_\_  
SIGNATURE

**PLEASE ENTER PAYMENT TYPE:**

(    ) Cash    (    ) Check # \_\_\_    (    ) VISA    (    ) MasterCard  
(    ) Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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):

**OFFICE USE ONLY**

Fee Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

CC app. #: \_\_\_\_\_