Experience RECREATION in the Park.

Registration

Parks & Recreation Department • 3700 Monterey Dr. • St. Louis Park, MN 55416 • Office: (952) 924-2540 • Fax: (952) 925-5663
Westwood Hills Nature Center • 8300 W. Franklin Ave. • St. Louis Park, MN 55426 • Office: (952) 924-2544 • Fax (952) 797-9691

Parent/Guardian _____ Home Phone: (____)_____
(Last Name, First Name)

Address _____ Work Phone: (____)_____
(Street, City, Zip)

Email Address _____ Cell/Pager: (____)_____

Emergency Contact _____ Day Phone: (____)_____

I am interested in being a volunteer (Check all that apply) Coach Assistant/Team Manager

Participant First & Last Name	Date of Birth	11/12 Grade & School	Activity Name	Activity #	Activity Location	Fee per person

REFUND POLICY: Fees, less 20%, are refunded only if cancellation is made prior to the start of the first day of the activity. Full refunds are given only if the Parks and Recreation Department cancels the activity.

Total Enclosed

To better serve our participants,we ask that you share any information you feel our staff should be made aware of (i.e. disability, allergy, special needs, etc.):

Permission and Waiver: I hereby agree to allow myself or my child to participate in the above named Parks and Recreation Department activity. In consideration of 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 St Louis 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 may be distributed to individuals involved with each recreation program. The Parks and Recreation Department often take pictures, slides, and videotape of participants enjoying their activities. These are used for program promotion, brochures, scrapbooks, and staff training. I grant permission to use the name, pictures, and quotes of me or my child (ren) for the above purposes.

X Parent/Guardian Signature: _____ **Date:** _____

Make checks payable to the City of St. Louis Park

For office use only

Amount Received _____ Date Received _____ ❑ Cash ❑ Check # _____ ❑ VISA ❑ MasterCard ❑ Discover ❑ American Express Received by: _____

Please charge my ❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

Card number:_____ Exp. Date: _____Signature _____