St. Louis Park
MINNESOTA
Experience LIFE in the Park

Recreation Division
3700 Monterey Drive, 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	2017/2018 Grade & School	Activity Name	Activity #	Fee Per Person
				Total Enclosed	

HEADS UP CONCUSSION IN YOUTH SPORTS

St. Louis Park Recreation Division is committed to educating youth athletic volunteers, officials, instructors, parents and participants about the nature and risks of concussions. Information regarding concussions is available at cdc.gov/concussionin youthsports.

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.)

Refund Policy: Fees, less 20 percent, 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 Recreation Division cancels the activity.

Permission and Waiver: I hereby agree to allow myself or my child(ren) to participate in the above named 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 program. The Recreation Division often takes 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.

Parent/Guardian Signature _____

Date _____

Office Use Only

Amount Received	Date Received	Received By
Check/Authorization No.		

Please make check payable to the City of St. Louis Park.

Please charge my:

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number _____

Expires _____ Security Code _____

Signature _____