

City of St. Paul Park  
 600 Portland Avenue  
 St. Paul Park MN 55071  
 (651) 459-9785

# Summer Rec. Program



For Office Use Only	
Check #	_____
Amt.	_____
Date Rec'd	_____
By	_____

### MINNESOTA DATA PRACTICES ACT

The following requested on this registration form will be used to verify eligibility and determine staff, facility and equipment needs. You/your child's name, age, grade level, address, telephone number and health information will be provided to City staff, volunteers, the City Attorney, insurer and auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in the program.

Fill out the form completely. Make all checks payable to the City of St. Paul Park. All registration forms must be accompanied by fee and emergency card.

<b>Adult Contact Info</b> (Parent/Guardian)	Adult First & Last Name		Adult Signature (required)
	Address		
	City	State & Zip Code	E-mail
<b>Phone Numbers</b>	1 <sup>st</sup> Phone Number	2 <sup>nd</sup> Phone Number	Emergency
I would prefer to receive Summer Rec. Program updates by: <input type="checkbox"/> Paper <input type="checkbox"/> Email			

### Activity Number

PS-900	Pre-School	M-F	9-11:30	\$85.00	L-900	Leadership	M-F	9-11:30	\$35.00
SA-100	School Age	M-F	1-3:30	\$85.00	L-100	Leadership	M-F	1-3:30	\$35.00
					L-BOTH	Leadership	M-F	9-11:30 & 1-3:30	\$35.00

### Participants

First Name	Last Name	T-Shirt Size		Activity Number	Fee	Emergency Card
		Youth M, L XL	Adult M, L, XL			
1						
2						
3						
4						
5						
<b>Total Fees:</b>						

### RELEASE OF LIABILITY

In consideration of the City of St. Paul Park allowing me (or my child) to voluntarily participate in the Parks & Recreation Program:

- I agree to assume all risk of accident or damage in connection with my participation.
- I acknowledge that certain activities of the program are inherently dangerous sports and/or subject me to personal injury with other participants and/or equipment used in this activity.
- I release and discharge the City of St. Paul Park, its agents, officers, employees, and insurers from any claim for negligent acts or omissions occurring or arising out of my participation in the program.
- I agree to abide by all rules and regulations of the program. I further agree to wear protective clothing and equipment at all times, which clothing and equipment shall be furnished at my own expense.
- I acknowledge that my juvenile son/daughter may be videotaped or photographed during this activity and hereby grant permission for same. I further acknowledge and agree to allow this videotape to be shown during the culmination of this event and/or be shown or broadcast for educational and/or promotional purposes.
- I agree that this release is binding upon my spouse, parents, children, and heirs and assigns. This release does not extend to or apply to any damage caused by willful, wanton, or intentional misconduct.
- I authorize the Summer Recreation Staff to seek medical attention for my child in the event of an emergency.
- I HAVE READ THIS RELEASE AND MINNESOTA DATA PRACTICES ACT, AND UNDERSTAND ITS CONTENTS.