

Parks and Recreation Summer Youth Registration Form

Contact Information

Primary guardian: _____	Secondary guardian: _____
Street Address: _____	Street Address: _____
City/State/Zip: _____	City/State/Zip: _____
Primary Phone: (____) _____	Primary Phone: (____) _____
Secondary Phone: (____) _____	Secondary Phone: (____) _____
E-mail: _____	E-mail: _____

Emergency Contact Outside of Household:

Name: _____	Phone Number: (____) _____
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Participant Information

Child 1

Participant's Name: _____	Are there any food allergies/diet restrictions? Y/N
Grade in Fall: _____	List/Explain: _____
Date of Birth: _____	_____
Does your child have a disability/medical condition? Y/N	List any other allergies: _____
List/Explain: _____	Is an Epi-Pen or similar needed? Y/N
Is support needed for disability/medical condition? Y/N	List medications taken: _____
Is your child diabetic? Y/N	Will your child take medications during program? Y/N

Child 2

Participant's Name: _____	Are there any food allergies/diet restrictions? Y/N
Grade in Fall: _____	List/Explain: _____
Date of Birth: _____	_____
Does your child have a disability/medical condition? Y/N	List any other allergies: _____
List/Explain: _____	Is an Epi-Pen or similar needed? Y/N
Is support needed for disability/medical condition? Y/N	List medications taken: _____
Is your child diabetic? Y/N	Will your child take medications during program? Y/N

Child 3

Participant's Name: _____	Are there any food allergies/diet restrictions? Y/N
Grade in Fall: _____	List/Explain: _____
Date of Birth: _____	_____
Does your child have a disability/medical condition? Y/N	List any other allergies: _____
List/Explain: _____	Is an Epi-Pen or similar needed? Y/N
Is support needed for disability/medical condition? Y/N	List medications taken: _____
Is your child diabetic? Y/N	Will your child take medications during program? Y/N



Parks and Recreation
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FAX 952-563-8715
MN Relay 711

E-mail: parksrec@BloomingtonMN.gov
Website: www.BloomingtonMN.gov

Registration Information

Participants First & Last Name	Grade (Fall 2021)	Program Name	Activity #	Section #	Start Date	Shirt Size	Fee
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
Youth shirt sizes: YS, YM, YL Adult shirt sizes: AS, AM, AL, AXL						Total:	\$

Acknowledge, Sign, and Date

Waiver: I understand that participation in this activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant(s). The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant(s) which are directly or indirectly attributable to the negligence, whether passive or active, of City, their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant(s) and myself, I expressly release and discharge the City, their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.

_____ INITIAL HERE

Data Privacy: The data supplied on this form will be used to enroll you in a recreation and/or social program. Some requested data is private. It is available to you and the City staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but City staff may not be able to complete your registration and/or you may not receive updated information.

_____ INITIAL HERE

Parent Release Agreement: City staff take pictures and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington, Parks and Recreation expressing my wishes.

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

Payment Information

Check #: _____ (Payable to City of Bloomington) Cash\$: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Card Number: _____ CSV: _____ Expiration Date: ____/____/____