

Contact Information

Primary guardian: _____	Secondary guardian: _____
Street address: _____	Street address: _____
City/state/zip: _____	City/state/zip: _____
Home phone: () _____	Home phone: () _____
Work phone: () _____	Work phone: () _____
Cell phone: () _____	Cell 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 2015: _____	List/explain any food allergies/diet restrictions: _____
Date of birth: _____ Gender: M / F	_____
Camp Kota: Pair with _____	List any other allergies - exclude hay fever /seasonal: _____
Camp Kota ONLY Bus Stop: _____	_____
Does your child have a disability/medical condition? Y / N	Is an Epi-pen or similar needed? * Y / N
List/explain: _____	List medications taken: _____
Is support needed for a disability/medical condition? * Y / N	Will child need to take medications during program? * Y / N
Is the child diabetic? * Y / N	* Call 952-563-8877 to request additional forms.

Child 2

Participant's name: _____	Are there any food allergies/diet restrictions? Y / N
Grade in Fall 2015: _____	List/explain any food allergies/diet restrictions: _____
Date of birth: _____ Gender: M / F	_____
Camp Kota: Pair with _____	List any other allergies - exclude hay fever /seasonal: _____
Camp Kota ONLY Bus Stop: _____	_____
Does your child have a disability/medical condition? Y / N	Is an Epi-pen or similar needed? * Y / N
List/explain: _____	List medications taken: _____
Is support needed for a disability/medical condition? * Y / N	Will child need to take medications during program? * Y / N
Is the child diabetic? * Y / N	* Call 952-563-8877 to request additional forms.

Child 3

Participant's name: _____	Are there any food allergies/diet restrictions? Y / N
Grade in Fall 2015: _____	List/explain any food allergies/diet restrictions: _____
Date of birth: _____ Gender: M / F	_____
Camp Kota: Pair with _____	List any other allergies - exclude hay fever /seasonal: _____
Camp Kota ONLY Bus Stop: _____	_____
Does your child have a disability/medical condition? Y / N	Is an Epi-pen or similar needed? * Y / N
List/explain: _____	List medications taken: _____
Is support needed for a disability/medical condition? * Y / N	Will child need to take medications during program? * Y / N
Is the child diabetic? * Y / N	* Call 952-563-8877 to request additional forms.

Registration

Participant's first & last name	Grade 2015-16	Class or program name	Activity #	Section #	Start date	Shirt size*	Fee
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
*Place the appropriate t-shirt size code for Camp Kota or Softball.						Youth sizes: YSS, YS, YM, YL Adult sizes: AS, AM, AL, AXL	
						\$	

Check here if you prefer to receive your receipt via e-mail when possible.

Acknowledge, sign and date

____ INITIAL HERE 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, Bloomington Public Schools' Community Services and the Bloomington Theatre and Art Center 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, Bloomington Public Schools, Art Center, 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, Bloomington Public Schools, Art Center, 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, Bloomington Public Schools and Art Center 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, Bloomington Public Schools and Art Center staff may not be able to complete your registration and/or you may not receive updated information.

Parent Release Agreement: City, Bloomington Public Schools and Art Center staff take pictures, slides 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: _____ Expiration date: _____ / _____