

REGISTRATION FORM

Eagan Parks & Recreation • 3830 Pilot Knob Road • Eagan, MN 55122
 OFFICE: (651) 675-5500 • TTY: (651) 454-8535



HOUSEHOLD PRIMARY NAME & DOB:

_____ DOB / /

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMERGENCY CONTACT: *(outside household)* _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT PHONE: () _____

PARTICIPANT'S * First & Last Name	GENDER	DATE OF BIRTH	CURRENT AGE	ACTIVITY CODE # (ex: 11222001-MW)	PROGRAM NAME	If Applicable		FEE
						Toilet Trained	T-Shirt Size	
		/ /						
		/ /						
		/ /						
		/ /						
		/ /						
		/ /						

*** Special or Adaptive Requirements:** To better serve our participants, we ask that you share any information you feel our staff should be made aware of (i.e. allergies, food restrictions, wheel chair/accessibility/mobility, special needs, etc.):

Time Payments:
 2nd: _____
 3rd: _____

Total Fee	
Minus Gift Certificate/Scholarship	
PAYMENT DUE	

Permission and Waiver: I have read and understood the registration and refund policies. I, the undersigned, parent or guardian, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) rising out of, or in any way connected with, his/her participation in this activity. Eagan Parks & Recreation periodically takes pictures of participants during programs and in the parks. Please be aware that these photos may be used in the City's brochures, pamphlets or cable presentations. If you or your family members do not want to be photographed or published you must give us written notice.

Main Contact Signature _____

Date: _____

PAYMENT INFORMATION

Cash: _____
 Check: # _____
 Gift Cert: # _____
 Amex
 Discover
 Mastercard
 Visa

In order to protect credit information, please use eConnect or call Eagan Parks & Recreation at (651) 675-5500 to register with a credit card.

Office Use Only: Date Entered: ____/____/____ Received & Registered By: _____ (initials)