

REGISTRATION FORM

Eagan Parks & Recreation • 1501 Central Parkway • Eagan, MN 55121
 OFFICE: (651) 675-5500 • TTY: (651) 454-8535



HOUSEHOLD PRIMARY NAME & DOB:

_____ DOB / /

HOME PHONE: () _____

STREET ADDRESS: _____

WORK PHONE: () _____

CITY: _____

CELL PHONE: () _____

STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: *(outside household)* _____

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). I hereby personally assume all risks in connection with this activity and I hereby agree to hold the City, its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by the City or anyone acting on behalf of the City. 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 register at www.cityofeagan.com/register or call Eagan Parks & Recreation at (651) 675-5500 to register with a credit card.

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