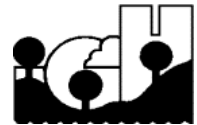




Program Registration Form

City of Inver Grove Heights Parks & Recreation Department



PRIMARY CONTACT INFORMATION

Last name _____ First Name _____ DOB ____ / ____ / ____

Address _____ City _____ Zip _____

E-mail address: _____ Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

HAVE YOU PARTICIPATED IN A PARKS AND RECREATION PROGRAM BEFORE? Yes No

ARE YOU A MEMBER OF VETERANS MEMORIAL COMMUNITY CENTER? Yes No

PLEASE VOLUNTEER TO COACH!

Name: _____ Phone: _____

PARTICIPANT NAME	M/F	DOB M/D/Y	SCHOOL	GR	PROGRAM / CLASS NAME	PROGRAM NUMBER	FEE

Does participant(s) have any disability, allergy or special need we should be aware of? YES / NO TOTAL

If Yes, explain _____

Other Special Requests: _____

Tennessee Warning: The information requested on the registration form will be used to verify eligibility and determine staff, facility and equipment needs. The information you provide may be provided to City staff, volunteers, legal counsel, insurers and auditors. Although you are not legally required to disclose the information requested, failure to do so will prevent you or your child(ren) from participating in the activity or program

Participation in the activity for which you are registering for is strictly voluntary. The activity you are registering for is not an essential service provided by the City.

Photographs of Participant: I understand that photographs of Participants may be used in the City's promotional or other published materials. If Participant does not wish to be photographed or included in these materials, Participant must provide written notice of the same.

Assumption of Risk: By executing this form, you are acknowledging that the activity you are registering for may be dangerous and may involve certain risks, including but not limited to bodily injury, personal injury, sickness, disease, death and property loss or damage to yourself or others. By executing this form and participating in this activity, the Participant is assuming all such risks, known or unknown, anticipated or unanticipated.

Required Waiver: In consideration for being allowed to participate in the activity, Participant and/or Participant's parent, legal guardian, or conservator hereby releases, indemnifies, defends and holds harmless the City, its officers, officials, employees, insurers, agents, contractors, representatives, and servants, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments, and other obligations (including attorneys' fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arise out of, or are in any way related to, participation in the above-described activity or use of the City's facilities/property.

Note: If Participant is under 18 years old or has a legal guardian or conservator, this release must be signed by the custodial parent, legal guardian or conservator. I certify that I am the custodial parent, legal guardian or conservator of the above-named Participant. I hereby consent to his/her participation in this activity and any emergency medical treatment which may be rendered to Participant. I shall be liable for the cost of such medical treatment or services. I have read and understand the above terms and conditions and agree to be bound by them.

Name of Participant: _____ Name of Parent/Legal Guardian/Conservator: _____

Participant Signature (if over 18): _____ Parent/Legal Guardian/Conservator Signature: _____

Date: _____

PAYMENT INFORMATION

Your money will be refunded if your class/program is cancelled due to insufficient enrollment.

If YOU cancel your class/program:

- Up to the start date of your class, you will receive a full refund less a \$5 processing fee.
- Between the start date and midway through the class, you receive a 50% refund less a \$5 processing fee.
- After the first half of the session no refunds will be issued.
- Field trip, S.P.A.R.K. and adult league refunds are not given after the registration deadline.

Check (make payable to VMCC) # _____

Cash

Credit Card: MasterCard Visa Discover

Name on card _____

Account Number _____

Expiration _____ 3-Digit Security Code _____

Signature _____

OFFICE USE ONLY: Date/Time: _____ Payment Amount Received: _____ Staff Initials: _____

Received: Mail Phone In Person