

REGISTRATION FORM -- City of Arden Hills, 1245 West Highway 96, Arden Hills, MN 55112

Participant's Name: _____ Gender: _____ Date of Birth: _____
 Address: _____ City: _____ Zip: _____
 Work Phone: _____ Cell Phone: _____ Home Phone: _____
 School: _____ Email: _____ Grade in **2022-2023** School Year: _____

Activity Name: _____	Activity Name: _____	Activity Name: _____
Activity Code: _____	Activity Code: _____	Activity Code: _____
Fee: _____ Start Date: _____	Fee: _____ Start Date: _____	Fee: _____ Start Date: _____
Location: _____	Location: _____	Location: _____

Please make check payable to the City of Arden Hills. **Totals:** _____

Refund Policy: No refunds are made except when a class is cancelled or approval is given by the Arden Hills Parks and Recreation Department. Partial credit will be considered if cancellation is due to injury or serious illness. Refunds will be issued in the form of a credit voucher only and must be used within a year of issue date. The registrant will be assessed a \$5.00 administrative fee for all refund requests. Cancellations initiated by Parks & Recreation will not be assessed the \$5.00 fee.

Waiver of Liability: I, the undersigned, or my child, in consideration of being permitted to participate in the activity, do hereby agree to hold harmless the City of Arden Hills and its employees and agents from any and all liability for personal injury which may result from participating in this activity. This waiver includes any injuries which may result from the conditions of the playing field and any improvements thereto.

Tennessee Warning: The information requested on the registration form will be used to verify eligibility and determine staff, facility, and equipment needs. You/Your child's name, age, grade level, address, telephone number, and health information will be provided to city staff, volunteers, the city attorney, insurer, and auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in the program.

Parent/Guardian Signature: _____ Date: _____
 Print Parent/Guardian Name: _____

Special Requests: _____

Please Help Coach! If you sign up to coach (for sport leagues, not classes) your child's sport registration is free. (One child per team coached.)

I will help coach. Sport _____ Name _____ Phone# _____

Youth Shirt Sizes: (leagues & summer camps) YS (6/8) YM (10/12) YL (14/16) AS AM AL

REGISTRATION FORM ADULT-- City of Arden Hills, 1245 West Highway 96, Arden Hills, MN 55112

Participant's Name: _____ Gender: _____ Date of Birth: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email: _____ AARP Number _____

Activity Name: _____	Activity Name: _____	Activity Name: _____
Activity Code: _____	Activity Code: _____	Activity Code: _____
Start Date: _____ Fee: _____	Start Date: _____ Fee: _____	Start Date: _____ Fee: _____
Location: _____	Location: _____	Location: _____

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Participant Signature: _____ Date: _____

Print Participant Name: _____

Emergency Contact Name: _____ Phone Number: _____