

City Affiliated Athletic Association Registration Form

Shakopee Parks and Recreation
 1255 Fuller Street, Shakopee, MN 55379
 Phone: 952-233-9500
 Weather Hot Line # 952-233-9502

PLEASE PRINT

PARTICIPANT First and Last Name	M/F	BIRTHDATE	AGE	GRADE	PROGRAM NAME	PROGRAM NUMBER	FEE

ADDITIONAL FEES MUST BE PAID AT THE TIME OF REGISTRATION (Please check one)

- Jackson Township** –No fee paid by individuals 15 and under. Township pays the extra \$21 activity fee. Over 15 and Adults pay \$21 additional per/activity.
- Louisville Township** – Individual pays an extra \$11 per activity. Township pays the extra \$10.
- Non residents:** (Non residents include anyone not living in the City Limits of Shakopee)
 Individual pays an extra \$21 per activity
 Exception: Residents within the cities of Savage & Prior Lake but live School Dist #720, pay an additional \$5 for youth

Father's Name _____ Mother's Name _____
First & Last Name First & Last Name

Address _____
Street City Zip code

Home Phone (____) _____ Work Phone (Name) _____ (____) _____

Cell Phone (Name) _____ (____) _____ E-Mail _____

Participant special needs or requirements: _____

Refund Policy: A full refund will be given if an activity is canceled by the Parks and Recreation Department. A \$ 5.00 service fee will be charged for cancellations requested by individuals prior to the registration deadline. No refunds will be made after the deadline date.

As lawful consideration for being permitted to participate in the City of Shakopee Parks and Recreation Department program listed above, I agree that the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations shall be held harmless and exempt from liability for any injury or disability which I or the participant of the program listed above might incur as the result of participation in the program, due to the passive or active negligence of the City, School, Association, its agents or employees. This release of liability of the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations does not include any injuries that I or the participant of the program incur as the result of willful, wanton or intentional misconduct by the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations, its agents, employees elected officials or volunteers. This agreement is specifically binding upon my spouse, heirs and assigns and the spouses, heirs and assigns of the participant of the program. With my signature, I verify I have read the above release statements:

Parent Signature _____ Date _____

Youth Sports programs are dependent on your help. Please be a volunteer:

COACH _____ Activity _____
 ASST COACH _____ Activity _____

FOR OFFICE USE ONLY	
Amount	_____
\$	_____
\$	_____
TWSP	\$ _____
NR	\$ _____ Cash _____ Check _____
Total	\$ _____
	Rec'd By _____