

CITY AFFILIATED ATHLETIC ASSOCIATION REGISTRATION FORM

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

PLEASE PRINT

PARTICIPANT NAME		SEX (CIRCLE)	DATE OF BIRTH	AGE	GRADE	PROGRAM NAME	PROGRAM #	PROGRAM TIME	FEE
First	Last								
		M / F							
		M / F							
		M / F							

Township (if applicable): _____

Total \$ _____

Jackson Louisville Spring Lake Sand Creek

Address _____
(Street) (City) (Zip Code)

Phone: (H) _____ E-Mail _____

Father _____ Mother _____
(First) (Last) (Date of Birth) (First) (Last) (Date of Birth)

(W) _____

(W) _____

(C) _____

(C) _____

Participant special needs or requirements: _____

Refund Policy: Refunds will be given according to each individual Association's refund policy. Please check with the appropriate Association.

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, employees, elected officials, or volunteers. 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:

Data Privacy

The Data Privacy Act requires that we inform you of your rights about the private data we are requesting on our forms. Private data is available to you but not to the public. The information which you provide will be made available to City staff persons in the Parks and Recreation Department, other program participants, the City's insurer and attorney, and to the coach, supervisor, or instructor of the activity, who may be a City employee or volunteer. You can withhold this data, but we may not be able to complete your registration and /or you may not receive updated program information.

Parent Signature _____ Date _____

Youth Sports programs are dependent on your help.

Please be a volunteer: Coach _____ Activity _____

CHECK PAYABLE TO THE APPROPRIATE ASSOCIATION

CREDIT CARDS PAYMENTS ARE NOT ACCEPTED FOR ATHLETIC ASSOCIATION PROGRAMS.

OFFICE USE ONLY		
Program Total \$ _____	Voucher Amt (Minus) \$ _____	Total \$ _____
Cash _____	Check _____	Date: _____ Staff Initials _____
Please check when completed: <input type="checkbox"/> Entered in Max <input type="checkbox"/> Yellow Copy/Payment put in Association file		Staff Initials _____

White Copy – Office

Yellow Copy – Association

Pink Copy – Customer