



Program Registration Form

Lino Lakes Parks and Recreation Department • 600 Town Center Parkway • Lino Lakes, MN 55014
 Office: 651-982-2440 • Fax: 651-982-2439 • www.ci.lino-lakes.mn.us

PARENT GUARDIAN NAME: _____

HOME PHONE: () _____

STREET ADDRESS: _____

WORK PHONE: () _____

CITY: _____

CELL PHONE: () _____

STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

Would you like to receive program updates through e-mail? Y N

By giving us your e-mail, we can notify you of program changes, cancellations, and new programs that will interest you and your family. Your e-mail address will not be shared with any other organization. You will not be spammed.

EMERGENCY CONTACT (If different from above): _____

EMERGENCY CONTACT PHONE: () _____

PROGRAM #	PARTICIPANT'S First & Last Name	M/F	DATE OF BIRTH	PROGRAM NAME	SPECIAL NEEDS*	COST

***SPECIAL NEEDS:** 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.)

FOR OFFICE USE ONLY

PARTICIPANT AGREEMENT: I, the participant, in consideration of my being permitted to participate in the activity, do hereby agree to hold harmless the Lino Lakes Parks & Recreation Department, City of Lino Lakes, Centennial School District and their employees from any and all liability for any personal injury or death which may occur from my participation in this activity. This waiver includes injuries which may result from the condition of the facilities and any improvements hereto. I authorize the City of Lino Lakes to disclose to the City's insurer, attorney, staff, coaches, participants, and other personnel involved in this program the following information: Name, address, e-mail address, and telephone number. This information shall be used only for the purpose of program administration. I also give my consent for the City of Lino Lakes to use any photograph or video tape taken of my child (or person I am responsible for as guardian), or myself for future promotional or marketing materials. The completion of your registration signifies your acceptance of this consent.

Total Cost: _____

Minus Certificate: _____

Final Cost: _____

Date: _____

Received By: _____

 Parent/Guardian Signature (if minor) or Participant's Signature

PAYMENT INFORMATION: MasterCard Visa Cash Check: # _____ (Payable to "City of Lino Lakes") Cert:# _____

Card Number: _____ - _____ - _____ - _____ Exp. Date: ___ / ___ CVC Code: _____ Signature: _____