

Robbinsdale Recreation Services

(Online Registration is now available at <https://webtrac.robbinsdalemn.com>)

To register using this form-complete and return with payment using the following methods:

- Mail: City of Robbinsdale Recreation, 4100 Lakeview Ave. N, Robbinsdale, MN 55422;
- In person: City Hall, 4100 Lakeview Ave N, Mondays-Fridays. 8:30 am-4:00 pm (closed major holidays); or
- Call: 763-531-1278 Mon.-Fri. 8:30 am-4:00 pm and use Visa, Mastercard, or Discover

*Refunds, program credits or transfers are allowed up to registration deadline of the program. All refunds are subject to a \$5 service fee. No refunds after the deadline. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account or to process the payment as a check transaction.

*Please note: the information you provide the City is used to process your registration request, to determine staff, facility and equipment needs and to assist in notifying participants of updated program information. The information which you provide will be made available to staff/coaches/supervisors/instructors for the activity and to others whom you have consented to have access to the information. The City may also provide the information to entities with whom the City contracts for services such as recreation service providers, the city's insurer or city attorney.

REGISTRATION & WAIVER FORM

Please print clearly. If payment is by check, make it payable to City of Robbinsdale.

CONTACT NAME: _____ PHONE (H) _____ (Alt) _____

Email ADDRESS: _____

2nd CONTACT: _____ ALTERNATIVE PHONE: _____

ADDRESS _____ CITY _____ ZIP _____

Please **Circle** Payment Method:

CASH CHECK # _____ DISCOVER VISA MASTERCARD

Credit Card Number: _____ 3-4 Digit Code _____

Expiration Date: _____ Card Holders Signature: _____

Please list any special needs or equipment participant may need: _____

Waiver & Photo Release: The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents. I further give consent for any photos or videos taken during the program to be used by the City in promotional materials-unless I notify the City differently.

Participant's Name	Date of Birth	Grade/ Age	Gender M/F	Activity Name	Session/Option	Day & Time	Location	Rate/Fee

Signature Participant (or Guardian, if participant is under 18): _____ **Date:** _____