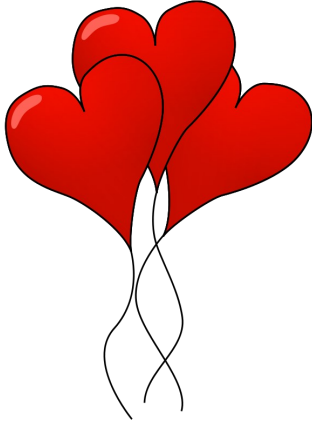


**FUN  
WITH**

# KIDCREATE STUDIO

## PARENT/CHILD VALENTINE'S DAY CRAFT PARTY



Let your young artist show their favorite Valentine how much they love them with a special handmade Valentine's Day gift. Children must be accompanied by a caregiver.

*Register by January 29.*

**Activity:** #451002  
**Who:** Ages 1.5-6 years with adult  
**When:** Thursday, February 8  
**Time:** 6-7 pm  
**Where:** Brookview Hideout Room, 200 Brookview Pkwy  
**Fee:** \$15/pair

**Kidcreate Studio classes are an exciting format of art exploration, with a focus on art creation and art education. Giggles, grins and creativity are encouraged.**

### Kidcreate Studio—Registration & Waiver Form

Please print clearly. Make checks payable to City of Robbinsdale; 4100 Lakeview Avenue No., Robbinsdale, MN 55422

Youth's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Total AMT: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W or cell) \_\_\_\_\_

Contact's email: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Payment:  CASH  CHECK  CREDIT CARD

Credit Card Number: \_\_\_\_\_ 3 or 4 Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

**Please list any special needs or equipment participant may need:** \_\_\_\_\_

**Liability Waiver:** 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.

**Photographs** are occasionally taken and may be used for promotional purposes of the recreation programs we offer. Do not want to be photographed: \_\_\_\_\_

**Signature** Participant or guardian, if participant is under 18 : \_\_\_\_\_ **Date:** \_\_\_\_\_