

2014-2015 DANCE YOUR SOCKS OFF PRE-REGISTRATION FORM

ONE form per Adult Participant

For Adults ages 18+ with disabilities

Participant Name	Home Phone	Work Phone	Age
Address/ City	Apt. #	Zip Code	Birth Date
Please list 2 Emergency Contacts that can be reached during program hours			
Emergency Contact #1	Home Phone	Cell Phone	Work Phone
Emergency Contact #2	Home Phone	Cell Phone	Work Phone

→ **INITIAL HERE Waiver:** I understand that participation in this activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant(s). The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant(s) which are directly or indirectly attributable to the negligence, whether passive or active, of the City and their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant(s) and myself, I expressly release and discharge the City and their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.

→ **INITIAL HERE Data Privacy:** The data supplied on this form will be used to enroll you in a recreation and or social program. Some requested data is private. It is available to you and the City staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but City staff may not be able to complete your registration and/or you may not receive updated information.

Release Agreement: City staff takes pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington, Parks and Recreation expressing my wishes.

FLIP ME OVER TO SELECT DANCES! →

Parent/Guardian/Participant Signature: _____ Date: _____

PAYMENT INFORMATION

Total: \$	Check #: _____	Cash: \$ _____
Cardholder's Name: _____	Signature: _____	
Credit Card Number: _____	Expiration Date: ____ / ____	
ONLINE: Visit BloomingtonMN.gov (keyword: Online Program)		

Questions? Phone: 952-563-8877, TTY: 952-563-8740, parksrec@BloomingtonMN.gov, Fax: 952-563-8715

Mail complete form and check, payable to the **CITY OF BLOOMINGTON** & send to: Parks & Recreation Division, 1800 W Old Shakopee Rd, Bloomington MN 55431

DANCE YOUR SOCKS OFF 2014 - 2015



A program for adults with disabilities

6 Ways to REGISTER!

See brochure for details...

- | | |
|---------------------|---|
| 1. Online | 4. Scan & Email |
| 2. By Mail | 5. By Fax |
| 3. In-Person | 6. At the Door!
<small>*excludes Jan. dance</small> |

Have you completed an updated AR&LE profile?

Yes No

If "No", please complete one prior to this dance.



Register now for the Fall Formal!

Dance Date	Activity #	Cost	✓ if attending	Trail Requested
Fall Formal! September 19, 2014	250-A	\$10.00	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
October 10, 2014	250-B	\$6.00	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
November 14, 2014	250-C	\$6.00	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
January 9, 2015 *MUST call ahead by January 5	250-D	\$6.00	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
February 20, 2015	250-E	\$6.00	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
March 13, 2015	250-F	\$6.00	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
April 10, 2015	250-G	\$6.00	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL AMOUNT DUE: Place this amount on opposite side with payment information				



Refund Policy: No refunds or participant substitutions will be allowed.

Are you a Registered TRAIL Rider?

- If you are a TRAIL rider who is pre-registering: Be sure that we receive your registration by the TRAIL registration deadline. If we do not receive your TRAIL request by the deadline, you will NOT be able to be on the TRAIL rider list for that dance.
- If you are a TRAIL rider who is NOT pre-registering: Be sure to call **952-563-8877** to sign up for TRAIL prior to the TRAIL registration deadline. If we do not receive your TRAIL request by the deadline, you will NOT be able to be on the TRAIL rider list for that dance.

TRAIL rider deadlines are the Monday prior to the dance and are listed above.

Community Services Department	Parks and Recreation Division 1800 W. Old Shakopee Road Bloomington MN 55431-3027	PH 952-563-8877 FAX 952-563-8715 TTY 952-563-8740	parksrec@BloomingtonMN.gov BloomingtonMN.gov
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The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities. Upon request, this information can be available in Braille, large print, audio tape and/or computer disk.

Part of AR&LE, the Adaptive Recreation and Learning Exchange. A resource for people with disabilities serving Bloomington, Eden Prairie, Edina and Richfield

