



Dance Your Socks Off

for adults with disabilities, ages 18+



2019 WINTER/SPRING DYSO—PRE-REGISTRATION FORM

Participant Name	Cell Phone	Alternate (Home/Work) Phone		
Email Address: ONE form per Adult Participant		<input type="checkbox"/> I have an AR&LE Profile on file		
Address/ City	Apt. #	Zip Code	Birth Date	Age
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	

Dance Date	Activity #	Cost	<input checked="" type="checkbox"/> attending	Trail Requested	
January 11, 2019: Winter Semi-Formal	250-D	\$6.00		Yes No	Are you a registered trail rider? •If TRAIL is not requested by the deadline, you will NOT be on the TRAIL rider list for that dance. •TRAIL deadlines are the Monday prior to each dance. •If not pre-registering, call 952-563-8877 to sign up for TRAIL prior to the TRAIL registration deadline.
February 15, 2019: Valentine's Dance	250-E	\$6.00		Yes No	
March 22, 2019: St. Patrick's Dance	250-F	\$6.00		Yes No	
April 26, 2019: Spring Fling	250-G	\$6.00		Yes No	

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

Guardian/Participant Signature: _____ **Date:** _____

PAYMENT INFORMATION (Refund Policy: No refunds or participant substitutions)

Total: \$	Check #: _____ payable to: City of Bloomington	Cash: \$ _ _ _
Cardholder's Name: _____	Signature: _____	
Credit Card Number: _____	Expiration Date: ____/____	CSV #: _____

TO REGISTER ONLINE: Visit Webtrac.BloomingtonMN.gov