

2019 - 2020 SKATE SCHOOL REGISTRATION FORM

CONTACT INFORMATION

Primary guardian: _____ Secondary guardian: _____
Street address: _____ Street address: _____
City/state/zip: _____ City/state/zip: _____
Home phone: () _____ Home phone: () _____
Work phone: () _____ Work phone: () _____
Cell phone: () _____ Cell phone: () _____
E-mail: _____ E-mail: _____

Emergency contact
outside of household: _____ Phone number () _____

PARTICIPANT INFORMATION

Participant's Name: _____ Session: 1 2 3 4 Summer
Grade in Fall 2020: _____ Class Day: _____ Class Time: _____
Date of Birth: _____ Gender: M / F Snowplow Sam: 1 2 3 4
Does your child have any allergies or restrictions? Y / N Basic: 1 2 3 4 5 6
List/explain: _____ Free Skate: Pre 1 2 3 4 5 6
Adult Beginner Adult Freeskate
Synchronized Skating Hockey Skills*

*permission from instructor required

WAIVER: I understand that participation in the activity(ies) or program(s) is completely voluntary and that the activity(ies) or program(s) being offered is for the benefit of the participant(s). The City of Bloomington and the Bloomington Public Schools 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 of Bloomington or the Bloomington Public Schools, their agents or employees, arising out of, or in connection with the activity(ies) or programs. On behalf of the participant(s) and myself, I understand that I am waiving certain legal rights by agreeing to this Waiver and expressly agree to release and discharge the City of Bloomington and the Bloomington Public Schools, 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.

TENNESSEN ADVISORY: The data supplied on this form will be used to enroll you in a recreation and/or social program. Per Minnesota Statute, the requested data is private. It is available to you, as well as the City of Bloomington and Bloomington Public School staff who need this information to perform their duties. It is not available to the public. You are not legally required to provide this data, but the City of Bloomington and Bloomington Public School staff may not be able to complete your registration and/or you may not receive updated information.

PHOTO RELEASE AGREEMENT: I understand that City of Bloomington and the Bloomington Public School staff may take pictures and videos of participants enjoying the activities for use in marketing and promotion of the activity(ies) or program(s). By agreeing to this waiver and release, I grant permission for the City of Bloomington and the Bloomington Public School staff to take pictures and videos. If I do not grant permission, I will contact the City of Bloomington, Parks and Recreation Department denying in writing permission to use photos for marketing and promotion of the activity(ies) or program(s).

Parent/Guardian Signature _____ Date _____

PAYMENT INFORMATION

Check # _____ (Payable to City of Bloomington) Cash \$ _____ Charge Amount Authorized \$ _____
Cardholder's Name: _____ Cardholder's signature: _____
Card number: _____ CSV _____ Expiration date: _____ / _____