

2018 HYLAND GREENS FREQUENT PLAYER CARD APPLICATION



10100 Normandale Blvd.
Bloomington, MN 55437
952-563-8868
golf@BloomingtonMN.gov

PLAYER INFORMATION – PLEASE PRINT

NAME					
ADDRESS					
CITY		STATE		ZIP	
EMAIL					
HOME PHONE		CELL PHONE			

DESCRIPTION AND PRICING	COST	2018 CARD #
FREQUENT PLAYER CARD <i>(cardholder receives \$3 off per 9-hole round of golf at Hyland Greens Golf and Learning Center for the 2018 golf season)</i>	\$40	

ACKNOWLEDGE AND SIGN

INITIAL HERE:	<p>WAIVER: I understand that participation in the activities related to the purchase of this card is completely voluntary and that the activity 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 of Bloomington, its agents or employees, arising out of, or in connection with the activity. On behalf of the participant(s) and myself, I expressly release and discharge the City of Bloomington, its agents and employees from any such claims, injuries, or damages. I also understand that this waiver includes any injuries that may result from the condition of the facility used in the activity.</p>
INITIAL HERE:	<p>DATA PRIVACY: The data supplied on this form will be used to enroll you in a recreation activity. Some requested data is private. It is available to you and the City of Bloomington 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 the City of Bloomington staff may not be able to complete your registration and/or you may not receive updated information.</p>

PARTICIPANT RELEASE AGREEMENT: The City of Bloomington staff takes pictures, slides, and video of participants enjoying the activities for use in marketing and promotion of the City's amenities. If I do not grant permission, I will send a letter to the City of Bloomington Community Services expressing my wishes.

PARTICIPANT SIGNATURE:	DATE: / /
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OFFICE USE ONLY

TRANSACTION DATE (mm/dd/yyyy)	/ /	CASHIER INITIALS	
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Owned and
Operated by

