

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 () _____
Name

Participant information

Child 1

Participant's name: _____ Are there any food allergies/diet restrictions? Y / N
 Date of birth: _____ Gender: M / F List/explain any food allergies/diet restrictions: _____
 Kota/Jr. Team Tennis: Pair with _____
 Jr. Team Tennis info: USTA#: _____ List any other allergies – exclude hay fever /seasonal: _____
 Does your child have a disability/medical condition? Y / N
 List/explain: _____ Is an Epi-pen or similar needed?* Y / N
 _____ List medications taken: _____
 Is support needed for a disability/medical condition?* Y / N Will child need to take medications during program?* Y / N
 Is the child diabetic?* Y / N *** Call 952-563-8877 to request additional forms.**

Child 2

Participant's name: _____ Are there any food allergies/diet restrictions? Y / N
 Date of birth: _____ Gender: M / F List/explain any food allergies/diet restrictions: _____
 Kota/Jr. Team Tennis: Pair with _____
 Jr. Team Tennis info: USTA#: _____ List any other allergies – exclude hay fever /seasonal: _____
 Does your child have a disability/medical condition? Y / N
 List/explain: _____ Is an Epi-pen or similar needed?* Y / N
 _____ List medications taken: _____
 Is support needed for a disability/medical condition? * Y / N Will child need to take medications during program?* Y / N
 Is the child diabetic?* Y / N *** Call 952-563-8877 to request additional forms.**

Child 3

Participant's name: _____ Are there any food allergies/diet restrictions? Y / N
 Date of birth: _____ Gender: M / F List/explain any food allergies/diet restrictions: _____
 Kota/Jr. Team Tennis: Pair with _____
 Jr. Team Tennis info: USTA#: _____ List any other allergies – exclude hay fever /seasonal: _____
 Does your child have a disability/medical condition? Y / N
 List/explain: _____ Is an Epi-pen or similar needed?* Y / N
 _____ List medications taken: _____
 Is support needed for a disability/medical condition?* Y / N Will child need to take medications during program?* Y / N
 Is the child diabetic?* Y / N *** Call 952-563-8877 to request additional forms.**

Registration										
Participant's first & last name	Grade 2012 - 13	Class or program name	Activity #	Section #	Start date	AM code drop off*	PM code drop off*	Shirt size** (if applicable)	Fee	
			---	---					\$	
			---	---					\$	
			---	---					\$	
			---	---					\$	
			---	---					\$	
			---	---					\$	
			---	---					\$	
			---	---					\$	
*Place the corresponding code for your program, Camp Kota transportation or site leaving from for Playground Trips.		**Place the appropriate t-shirt size code for Camp Kota, Jr. Team Tennis, Trips or Softball. Youth sizes: YSS, YS, YM, YL Adult sizes: AS, AM, AL, AXL					Total fee <i>Please complete payment information below.</i>			\$

- Check here if you prefer to receive your receipt via e-mail when possible.
- Check here if your household has been approved for 2012 Fee Assistance. *Staff will verify at time of registration.*

Acknowledge, sign and date

_____ **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 and Bloomington Public Schools' Community Education 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 City and School District, 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 School District, 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 and School District 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 and School District staff may not be able to complete your registration and/or you may not receive updated information.

Parent Release Agreement: City and School District 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.

Parent/guardian signature _____	Date _____
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Payment information	
Check # _____ (Payable to City of Bloomington)	Cash \$ _____
Cardholder's Name: _____	Cardholder's signature: _____
Card number _____	Expiration date: _____ / _____