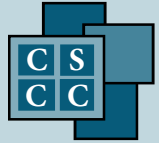




# Program Registration Form



South St. Paul Parks and Recreation Department  
 125 - 3rd Avenue North, South St. Paul, Minnesota 55075

Telephone: 651-366-6200 Weather Hotline: 651-366-6210 Website: southstpaul.org

Last (Parent/Guardian Name)	First Name	Home Phone
Address	City/Zip	Work Phone
E-Mail Address(s)	Cell Phone	
School Child Attends	Emergency Contact/Phone	

Participant First/Last Name	Date of Birth	Age	Grade	Activity Name/Session	Level	Day of Week	Time	Fee
<b>Total:</b>								

A \$5.00 fee will be charged for individual cancellations. No refunds will be given after the first class. \*See Registration information for trip refunds. Programs canceled by the Parks and Recreation Department will be fully refunded.

Do you/registrant have any special needs or medical conditions we should know about: \_\_\_\_\_

Registration may be done in person at  
 South St. Paul City Hall  
 125 - 3rd Avenue North or online at southstpaul.org

**Required Waiver:** In consideration for being allowed to participate in the activity, Participant and/or parent, legal guardian or conservator hereby releases, indemnifies, defends and holds harmless the City and/or Special School District #6, it's officers, officials, employees, insurers, agents, contractors, representatives, associated personnel, successors and assigns, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments and other obligations (including attorney's fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arises out of, or are in any way related to, participation in the above described activity.

**Notice:** If Participant is under 18 years old or has a legal guardian or conservator, this release must be signed by the custodial parent, legal guardian or conservator. I certify that i am the custodial parent, legal guardian or conservator of the above named Participant. I hereby consent to his/her participation in the activity and any emergency medical treatment or services. I have read and understand the above terms and conditions and agree to be bound by them.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_