

SPRING LAKE PARK RECREATION DEPT. REGISTRATION FORM

Participant name _____ Home Phone # _____

Work Phone # _____ E-mail address: _____

Address _____ City _____ Zip _____

Class/Activity title _____ Date _____ Fee _____

Participant or Parent Signature _____

The Minnesota Data Privacy Act requires that personal information you provide remain private data and is not available to the public. By signing below, you are consenting to allow personal data to be shared with essential personnel involved in administering the program.

In consideration of your accepting this entry, my heirs, executors and administrators, waive and release any and all rights and claims for damages I have against the City of Spring Lake Park or their representatives, successors, and assigns for any and all injuries suffered by myself at the activity that I attend.

FOR OFFICE USE ONLY

CLASS # _____

CASH/CHECK # _____

RCPT. # _____

REC'D _____ BY _____