



PRIOR LAKE PARKS AND RECREATION DEPARTMENT REGISTRATION FORM

Return to: Prior Lake Parks and Recreation, 16776 Fish Point Road SE, Prior Lake, MN 55372

PLEASE COMPLETE ONE FORM PER PARTICIPANT

Participant Name:	Birth Date:	Gender: F M
Parent/Guardian Name:	Home Phone	
Address:	Cell Phone	
City/State/Zip	Work Phone	
City Resident () Nonresident* () *Outside city limits of Prior Lake, including township.	E-Mail Address	

Refund Policy: \$5 processing fee for cancellations before registration deadline. No refunds after registration deadline. Registration fees for activities cancelled by city will be refunded in full.

Medical Concerns (Allergies, Disabilities, etc.): _____

PARTICIPANT WAIVER: In consideration of your accepting this entry, I hereby, myself and my heirs, waiver any and all rights and claims for any and all injuries from whatever cause suffered by the above participant in the indicated activities. All information contained in or connected with this registration form will be considered personal and confidential and will be used only in conjunction with the registration process for programs sponsored by the City of Prior Lake Parks and Recreation Department.

DATA PRIVACY ACT: In accordance with the Minnesota Government Data Practices Act, the Recreation Department hereby informs you that the personal information we are requesting of you and/or your child or guardian on our registration form is now considered private. Private data is available to you and to the City staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the City's Recreation staff may not be able to complete your registration and/or you may not receive updated program information, such as scheduled changes.

SIGNATURE _____ **DATE:** _____

PLEASE INDICATE ACTIVITY NAMES & NUMBERS YOU ARE SIGNING UP FOR IN THE SPACE(S) PROVIDED HERE:	PLEASE CHECK (✓) YOUR CHOICE OF BUS PICK UP/DROP OFF LOCATION IF REGISTERING FOR SPECIAL FRIDAY TRIPS: <input type="checkbox"/> SAND POINT BEACH <input type="checkbox"/> LAKEFRONT PARK	
	ACTIVITY NAME: _____ ACTIVITY NUMBER: _____ STAFF: PLACE LABEL HERE	ACTIVITY NAME: _____ ACTIVITY NUMBER: _____ STAFF: PLACE LABEL HERE
	ACTIVITY NAME: _____ ACTIVITY NUMBER: _____ STAFF: PLACE LABEL HERE	ACTIVITY NAME: _____ ACTIVITY NUMBER: _____ STAFF: PLACE LABEL HERE
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OFFICE USE ONLY

TOTAL DUE: _____ DATE: _____ CHECK#: _____ CASH _____ FEE RECEIVED BY: _____