City of Shakopee Parks and Recreation
1255 Fuller Street, Shakopee, MN 55379
Phone: 952-233-9500 Fax 952-233-3831
Weather Hot Line # 952-233-9502
www.shakopeemn.gov

If registering for Swim lessons, please include a 2nd choice.

PLEASE PRINT

PARTICIPANT NAME First / Last	SEX (CIRCLE)	DATE OF BIRTH	PROGRAM NAME	PROGRAM #	FEE
	M / F				
	M / F				
	M / F				

Township (if applicable): Total $_____
☐ Jackson ☐ Louisville ☐ Spring Lake ☐ Sand Creek

Address _____ _____
(Street) (City) (Zip Code) (Home Phone)

Primary Contact_____ _____ _____
(First) (Last) (Date of Birth)

(C)_____
(W)_____
E-Mail_____

Secondary Contact_____ _____
(First) (Last) (Date of Birth)

(C)_____
(W)_____
E-Mail_____

Participant special needs or requirements: _____

Refund Policy: A full refund will be given if an activity is canceled by the Parks and Recreation Department. A $10.00 service fee will be charged for cancellations requested by individuals prior to the registration deadline. NO REFUNDS will be made after the deadline date.

As lawful consideration for being permitted to participate in the City of Shakopee Parks and Recreation Department program listed above, I agree that the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations shall be held harmless and exempt from liability for any injury or disability which I or the participant of the program listed above might incur as the result of participation in the program, due to the passive or active negligence of the City, School, Association, its agents, employees, elected officials, or volunteers. This release of liability of the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations does not include any injuries that I or the participant of the program incur as the result of willful, wanton or intentional misconduct by the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations, its agents, employees, elected officials or volunteers. This agreement is specifically binding upon my spouse, heirs and assigns and the spouses, heirs and assigns of the participant of the program. With my signature, I verify I have read the above release statements:

Data Privacy
The Data Privacy Act requires that we inform you of your rights about the private data we are requesting on our forms. Private data is available to you but not to the public. The information which you provide will be made available to City staff persons in the Parks and Recreation Department, other program participants, the City's insurer and attorney, and to the coach, supervisor, or instructor of the activity, who may be a City employee or volunteer. You can withhold this data, but we may not be able to complete your registration and /or you may not receive updated program information.

Parent Signature _____ **Date** _____

Youth Sports programs are dependent on your help. Please be a volunteer: Coach _____ Activity _____

CHECK PAYABLE TO THE "City of Shakopee"

OFFICE USE ONLY

Program Total $_____ Voucher Amt (Minus) $-_____ Total $_____

Cash_____ Check_____ CC Approval # _____ Date: _____ **Staff Initials** _____

Please check when completed: ☐ Entered in CivicRec ☐ Payment Processed / cash register **Staff Initials** _____

Credit Card Information

Credit Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiration Date ____/____ 3 Digit Security Code __ __ __