

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 |
| Grade in Fall 2014: _____ | List/explain any food allergies/diet restrictions: _____ |
| Date of birth: _____ Gender: M / F | _____ |
| Camp Kota: Pair with _____ | 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 |
| Grade in Fall 2014: _____ | List/explain any food allergies/diet restrictions: _____ |
| Date of birth: _____ Gender: M / F | _____ |
| Camp Kota: Pair with _____ | 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 |
| Grade in Fall 2014: _____ | List/explain any food allergies/diet restrictions: _____ |
| Date of birth: _____ Gender: M / F | _____ |
| Camp Kota: Pair with _____ | 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 2014 - 15 | 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 or Camp Kota transportation. | | | | | | | **Place the appropriate t-shirt size code for Camp Kota 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.

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** _____

Payment information

| | |
|--|--------------------------------|
| Check # _____ (Payable to City of Bloomington) | Cash \$ _____ |
| Cardholder's Name: _____ | Cardholder's signature: _____ |
| Card number _____ | Expiration date: _____ / _____ |