

2010 Supervised Playground Registration Form

Cottage Grove Recreation Department ~ 8020 80th St. So., Cottage Grove, MN 55016
 Phone: 651-458-3400 ~ Fax: 651-458-3444 ~ www.cottage-grove.org

Minnesota Data Practices Act: The information requested on this form will be used to verify eligibility and determine staff, facility and equipment needs. Your/your child's name, age, grade level, address, telephone number, and health information will be provided to City staff, volunteers, the City attorney, insurer and auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in this/these programs.

Adult Contact Information		
First/Last Name:		
Address:		
City, State, Zip Code:		
Home Phone:	Work Phone:	Cell Phone:
E-mail Address:		

Participant Information - Please fill out one form for each participant.	
First/Last Name:	Date of Birth:
Special Needs or Medical Conditions:	
Seasonal or Food Allergies:	

Program Date - \$70 per Week or \$18 per Day - Park Preference: _____	
June 14-June 18, 2010	Week OR M T W Th F..... \$ _____
June 21-June 25, 2010	Week OR M T W Th F..... \$ _____
June 28-July 2, 2010	Week OR M T W Th F..... \$ _____
July 6- July 9, 2010	Week OR ** T W Th F..... \$ _____
July 12-July 16, 2010	Week OR M T W Th F..... \$ _____
July 19-July 23, 2010	Week OR M T W Th F..... \$ _____
July 26-July 30, 2010	Week OR M T W Th F..... \$ _____
August 2-August 6, 2010	Week OR M T W Th F..... \$ _____
August 9-August 13, 2010	Week OR M T W Th F..... \$ _____
August 16-August 20, 2010.....	Week OR M T W Th F..... \$ _____
August 23-August 27, 2010 - Adventure Camp ..	\$85 for the week..... \$ _____
August 30-September 3, 2010 - Summer Slam...	Week OR M T W Th F..... \$ _____

Auto-Pay: I hereby authorize "Active Net" to debit the weekly payment owed to the City of Cottage Grove Recreation Department, automatically on the weekly payment due date set forth on my receipt from my below-described credit/debit card. The City of Cottage Grove Recreation Department may cancel this authorization at any time. I may cancel or adjust this authorization by contacting The City of Cottage Grove Recreation Department the preceding Friday before noon before the scheduled deduction. I have the right to receive written notice at least ten days before the scheduled date of a weekly payment debit if the debit will be different from the payment set forth on my receipt. I also agree that I will be billed an additional \$10 per each 15 minutes, or portion of, past 4:30pm each day. Charges will be assessed to the below-described credit card.

Auto-Payment					
Name:	VISA:		MC:		AMX:
Credit Card Number:			Expiration Date:		

Release of Liability: In consideration of the City of Cottage Grove allowing me (or my child) to voluntarily participate in the Parks and Recreation Program, 1. I agree to assume all risk of accidents or damage in connection with my voluntary participation. 2. I acknowledge that certain activities of the program are inherently dangerous sports and/or subject me to personal injury with other participants and/or equipment used in this activity. 3. I release and discharge the City of Cottage Grove, its agents, officers, employees, and insurers from any claim for negligent acts or omissions occurring or arising out of my participation in this program. 4. I agree to abide by all rules and regulations of the program. I further agree to wear protective clothing and equipment at all times, which clothing and equipment shall be furnished at my own expense. 5. I acknowledge that my juvenile son/daughter may be videotaped or photographed for advertising purposes during this activity and hereby grant permission for same. 6. I agree that this release is binding upon my spouse, parents, children, and heirs and assigns. This release does not extend to or apply to any damage caused by willful, wanton or intentional misconduct. 7. I agree to abide by the Cottage Grove Recreation Department's cancellation policy as posted on the City's web site www.cottage-grove.org. 8. I understand that there may be additional fees assessed if I use a credit card on-line. 9. I have read this release, and understand its contents.

Signature of Participant/Parent/Guardian: _____ Date: _____