

2016 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 only 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:			
Phone 1:	Phone 2:	Phone 3:	
E-mail Address:			

Participant Information - Please fill out one form for each participant.	
First/Last Name:	Date of Birth:
Special Needs/Medical Conditions/Allergies:	
Park Preference (Hamlet or Peter Thompson):	

Program Dates - \$80 per Week or \$20 per Day	
June 13-17	Week OR M T W Th F \$ _____
June 20-24	Week OR M T W Th F \$ _____
June 27-July 1	Week OR M T W Th F \$ _____
July 5-8	Week OR <input checked="" type="checkbox"/> T W Th F \$ _____
July 11-15	Week OR M T W Th F \$ _____
July 18-22	Week OR M T W Th F \$ _____
July 25-29	Week OR M T W Th F \$ _____
August 1-5.....	Week OR M T W Th F \$ _____
August 8-12 (Adventure Camp @ Woodridge).....	\$100 for the week - includes lunch..... \$ _____
August 15-19.....	Week OR M T W Th F \$ _____
August 22-26.....	Week OR M T W Th F \$ _____
August 29-Sept 2	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 **Thursday** 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 thereof, that my child remains at the supervised playground past 4:30pm each day. Charges will be automatically assessed to the below-described card.

Auto-Payment			
Name:	VISA:	MC:	AMX:
Credit Card Number:	Exp Date:		Sec. Code:

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. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by the City or anyone acting on behalf of the City. 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 during this activity and such videos or photos may be used by the City for advertising purposes, 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. I understand that entering into and signing this agreement affects my legal rights and results in my giving up or waiving certain legal rights, and I accept this and sign this agreement of my own free will. 10. My signature indicates I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

I certify that I am the parent/legal guardian of the above-named participant and hereby consent to his or her participation in the program.

Signature of Parent/Legal Guardian: _____ Date: _____