



REGISTRATION FORM

2016 City of Scandia Recreation Programs

General Instructions: Complete this registration form and return with payment (cash or check) by the registration deadline to the City of Scandia, 14727 209th Street North, Scandia, MN 55073. Enrollment is limited and pre-registration for all activities is required. If a program fills, a limited wait-list may be available. **Assume all classes will run as scheduled.** Refunds will be issued if the class is cancelled; you will be notified at least 3 business days prior to the class if there is a cancellation. Refunds will not be issued for non-attendance unless your cancellation is received at least one week prior to the start of the class. **For classes indicating a grade level, register by the grade level your child completed in the 2015-2016 school year.** Additional registration forms are available at the city office or on our website: www.ci.scandia.mn.us. Call Judi Negus at the City Office at 651-433-2274 for further information.

Adult/Parent's Name: _____

Street Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell _____ E-Mail _____

Participant Name	Age	Session	Program Name	Fee
			Late fee, if applicable - \$5.00 per class	
<i>Make checks payable to the "City of Scandia"</i>				Total: _____

Acknowledgements: I certify that the above information is true, accurate and complete. I understand that once I am a confirmed participant, I agree to the cancellation policy as stated above. I hereby give permission to the City of Scandia and Girl Scouts MN River Valley (Camp Lakamaga) to use photographs taken of me or my child during these activities for promotional purposes.

Release: I recognize there is a significant element of risk in any sports and/or activity. Knowing the inherent risks, dangers and rigors involved, I certify that I and/or my family (including any minor children) are fully capable of participating in the activities, and wish to do so as voluntary participants, and with such knowledge assume any and all risks while participating in the activities. In consideration of the City of Scandia and its partners, including Camp Lakamaga (collectively referred to herein as "the City of Scandia"), providing this program to me and/or my family and/or legal wards, I hereby waive and release the City of Scandia, and its employees, agents and volunteers, from all actions, claims and demands for personal injury, including death, arising out of the conduct of the activities. I further agree that I shall not bring any claims, demands, legal actions and causes of action against the City of Scandia, its employees or agents. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City. This agreement shall be governed by and construed in accordance with the laws of the State of Minnesota. I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me and/or my family and/or legal wards during the entire period of participation in Scandia Park and Recreation activities.

Signature: _____ **Date:** _____
Participant or, if under 18, parent or legal guardian.

For City Use Only:

Date Received:		Cancellation:	
Paid:		Refund:	