

# Robbinsdale Recreation Services

## Call: 763-531-1278 or Fax: 763-537-7344

To register, mail check and form to City of Robbinsdale Recreation, 4100 Lakeview Ave. N, Robbinsdale, MN 55422 or you can register over the phone by calling 763-531-1278 and using Visa, Mastercard, American Express or Discover. Please Note—in person and phone registrations are accepted Monday through Friday, 8:30 am to 4:00 pm (closed on major holidays.) Completed registration with credit card info can be faxed or scanned and emailed-anytime. Fax to number above; email to [afrie@robbinsdalemn.com](mailto:afrie@robbinsdalemn.com) Any questions, call Robbinsdale Recreation Services: 763-531-1278. Refunds, program credits or transfers are allowed up to one week prior to start of the program. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account or to process the payment as a check transaction.

### **REGISTRATION & WAIVER FORM**

Please print clearly. Make checks payable to City of Robbinsdale.

CONTACT NAME: \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (Alt) \_\_\_\_\_

Email ADDRESS: \_\_\_\_\_

2nd CONTACT: \_\_\_\_\_ ALTERNATIVE PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Please Circle Payment Method:

CASH    CHECK # \_\_\_\_\_    AMERICAN EXPRESS    DISCOVER    VISA    MASTERCARD

Credit Card Number: \_\_\_\_\_ 3-4 Digit Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Holders Signature: \_\_\_\_\_

*Please list any special needs or equipment participant may need:* \_\_\_\_\_

**Liability Waiver:**

The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents.

Participant's Name	Date of Birth	Grade Age	Gender M/F	Activity Name	Session/Option	Day & Time	Location	Rate/Fee

**Signature** Participant (or Guardian, if participant is under 18): \_\_\_\_\_ **Date:** \_\_\_\_\_