

Experience LIFE in the Park

## PARKS AND RECREATION DEPARTMENT

WESTWOOD HILLS NATURE CENTER

3700 Monterey Drive, St. Louis Park, MN 55416 Office: 952.924.2540 • Fax: 952.925.5663 8300 W. Franklin Ave., St. Louis Park, MN 55426 Office: 952.924.2544 • Fax: 952.797.9691

| Parent/guardian  | Primary phone | _ Primary phone     |                |                |  |  |  |
|--|---------------|---------------------|----------------|----------------|--|--|--|
| -  | (Las          | t name, first name) |                |                |  |  |  |
| Address  |               |                     |                |                |  |  |  |
| (Street)   |               | (City)              | (ZIP)          | (ZIP)          |  |  |  |
| Email  |               |                     |                |                |  |  |  |
| Emergency contact  |               |                     | Cell phone     |                |  |  |  |
|  |               |                     |                |                |  |  |  |
| I am interested in being a volunteer (check all that apply) 🗌 Coach 🗌 Assistant/team manager |               |                     |                |                |  |  |  |
| Participant  | Date of       | 2024 – 2025         | Activity name, | \$             |  |  |  |
| first and last name  | birth         | grade and school    | date, time     | Fee per person |  |  |  |
|  |               |                     |                |                |  |  |  |
|  |               |                     |                |                |  |  |  |
|  |               |                     |                |                |  |  |  |
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|  |               |                     |                |                |  |  |  |
|  |               |                     |                |                |  |  |  |
|  |               |                     | ACCESS         |                |  |  |  |
| I would like to include a tax-deductible donation to the Access to Fun scholarship fund.     |               |                     |                |                |  |  |  |
|  |               |                     |                |                |  |  |  |

Total enclosed



The St. Louis Park Parks and Recreation Department is committed to educating youth athletic volunteers, officials, instructors, parents and participants about the nature and risks of concussions. Information regarding concussions is available at cdc.gov/concussioninyouthsports.

To better serve our participants, we ask that you share any information you feel our staff should be made aware of (i.e. disability, allergy, special needs, etc.).

**Refund policy:** Fees, less 20% administration fee will be refunded only if cancelation is made prior to the start of the first day of the activity. Full refunds are given only if the parks and recreation division cancels the activity.

**Permission and waiver:** I hereby agree to allow me or my child(ren) to participate in the activity for which I am registering. In consideration of accepting this registration, I hereby, for myself and my heirs, waive any and all rights and claims for damages I may have against the City of St. Louis Park and its representatives, for any and all injuries from whatever cause suffered by participant(s) in the activity for which I am registering. I understand that the information that I have provided may be distributed to individuals involved with each program. The St. Louis Park Parks and Recreation Department regularly takes photos and video of program participants for use in promotional materials and staff training. I grant permission to use the name, pictures and quotes of my child(ren) or me for those purposes.

| Parent/guardian signature      |               | Make checks payab        | Make checks payable to the City of St. Louis Park.     |  |
|--------------------------------|---------------|--------------------------|--|--|
| <b>Date</b><br>Office use only |               | Charge my:<br>Mastercard | Charge my:   Mastercard Visa American Express Discover |  |
| Amount received                | Date received | Received by              | Card number  |  |
| Check/authorization number     |               | Expires                  | Security code  |  |
|                                |               |                          | Signature  |  |