

## Registration Form

Name of Parent, Guardian or Adult Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**Waiver:** *I hereby agree to release and indemnify the City of Burnsville, its employees, officers or agents from any liability, claim or injury resulting from my child's or participation in the above program(s). Also, in the event of videotaping or photos made in this program, I release all rights to said videotape by (producer) City of Burnsville. I, being the parent/guardian of the minor below, hereby certify that I have read this release and fully understand its meaning and effect. I hereby agree that I shall bound thereby.*

\_\_\_\_\_  
Parent, Guardian or Adult Participant

\_\_\_\_\_  
Date

PARTICIPANT'S NAME	GENDER M/F	DATE OF BIRTH	AGE	ACTIVITY	FEE	TIME
T-shirt size for Kids of Summer, Camp X-treme				<b>TOTAL</b>		
<input type="checkbox"/> <b>X-small</b> (2-4) <input type="checkbox"/> <b>Small</b> (6-8) <input type="checkbox"/> <b>Medium</b> (10-12) <input type="checkbox"/> <b>Large</b> (14-16)						

**Payment Method:** Cash, Check, and Credit  
 Visa, MasterCard and Discover- In person (or) we can take card number over the phone