

PROGRAM REGISTRATION FORM

Parent/Primary Contact Name _____
 Phone _____ (Emergency) _____
 Address _____ City _____ St _____ Zip _____
 Email Address _____
 Additional Contact _____ Phone (if different) _____

Please be aware of registration deadlines.

PARTICIPANT NAME	GENDER M/F	GRADE LEVEL	DATE OF BIRTH	PROGRAM/ACTIVITY #	FEE	T-SHIRT SIZE

Youth T-shirt sizes: 6 - 8, 10 - 12, 14 - 16 **Adult T-shirt sizes:** Small, Medium, Large, X-Large

Waiver for Participation by Parent: In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Farmington and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Minnesota law effective on Sept. 1, 2011:

It is the responsibility of the parent/guardian to review the Concussion Awareness Training information and share this with their child. The information is available at: <http://www.cdc.gov/headsup/youthsports/training/index.html>.

Concussion Awareness Training is completed. Parent or guardian Initials _____
 Parent/Guardian Signature _____ Date _____
 Special Needs or Requests _____

Complete if paying with a credit card:

Name on Card (please print) _____
 Card Billing Address _____
 Credit Card # _____ - _____ - _____ CVV/CVS # _____
 Expiration Date _____ Visa Master Card (Circle one)
 Signature _____

Form may be used to register in person, fax, mail or drop box. The options are listed on the bottom of page 39. Mail registration form to city hall, 430 Third St., Farmington, MN 55024 - with check, credit or debit card - processed next day.

Office Use Only

Confirm#	Date Entered	Initials
Cash/Check#	CC/DC	Scholarship Amount