Mail-in Registration Application–Family Information Form

Mail to: Community Center, 16700 Valley View Rd., Eden Prairie, MN 55346

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ Zip: _____

Email: _____ Cell: _____

Emergency Contact: _____ Relation: _____

Day Phone: _____ Evening Phone: _____

Participant's Name	Date of Birth	Sex	Disability (Y/N)	Course Code	Course Name	Location Abbrev.*	Date(s)	Time	Fee
Please pay for each course/participant with a separate check.								Total Enclosed	

*Locations: Eden Prairie Community Center (EPCC), Senior Center (SC), Art Center (AC), Community Center Pool (CCP), Oak Point Pool (OPP), Fitness Center (FC), Outdoor Center (OC), Other (OTH)

Office Use Only: Amount Received _____ Received by _____ Date _____

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

_____

_____

Permission and Waiver

I hereby agree to allow myself or my child to participate in the above named Parks and Recreation Department activity. 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 Eden Prairie and its representatives, for any and all injuries from whatever cause suffered by the above participant(s) in the indicated activity.

Parent/Guardian Signature: _____ Date: _____