

# 2011 - 2012 Parks and Recreation L'il Flipsters Registration Form

## Contact information

Primary guardian: _____	Secondary guardian: _____
Street address: _____	Street address: _____
City/state/zip: _____	City/state/zip: _____
Home phone: (     ) _____	Home phone: (     ) _____
Work phone: (     ) _____	Work phone: (     ) _____
Cell phone: (     ) _____	Cell phone: (     ) _____
E-mail: _____	E-mail: _____

<b>Emergency contact outside of household:</b> _____ <i>Name</i>	Phone number (     ) _____
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## Participant information

**Child 1**

Participant's name: _____	List/explain any food allergies/diet restrictions: _____
Date of birth: _____ Gender: M / F	_____
Does your child have a disability/medical condition? Y / N	List any other allergies – exclude hay fever /seasonal:
List/explain: _____	_____
_____	Is an Epi-pen or similar needed?* Y / N
Is support needed for a disability/medical condition? Y / N	List medications taken: _____
Is the child diabetic?* Y / N	Will child need to take medications during program?*** Y / N
Are there any food allergies/diet restrictions? Y / N	<b>* Call 952-563-8877 to request additional forms.</b>

**Child 2**

Participant's name: _____	List/explain any food allergies/diet restrictions: _____
Date of birth: _____ Gender: M / F	_____
Does your child have a disability/medical condition? Y / N	List any other allergies – exclude hay fever /seasonal:
List/explain: _____	_____
_____	Is an Epi-pen or similar needed?* Y / N
Is support needed for a disability/medical condition? Y / N	List medications taken: _____
Is the child diabetic?* Y / N	Will child need to take medications during program?*** Y / N
Are there any food allergies/diet restrictions? Y / N	<b>* Call 952-563-8877 to request additional forms.</b>

**Child 3**

Participant's name: _____	List/explain any food allergies/diet restrictions: _____
Date of birth: _____ Gender: M / F	_____
Does your child have a disability/medical condition? Y / N	List any other allergies – exclude hay fever /seasonal:
List/explain: _____	_____
_____	Is an Epi-pen or similar needed?* Y / N
Is support needed for a disability/medical condition? Y / N	List medications taken: _____
Is the child diabetic?* Y / N	Will child need to take medications during program?*** Y / N
Are there any food allergies/diet restrictions? Y / N	<b>* Call 952-563-8877 to request additional forms.</b>

**Registration**

Participant's first & last name	Grade 2011 - 12	Activity #	Section #	Start date	Fee
		_ _ _ _	_ _		\$
		_ _ _ _	_ _		\$
		_ _ _ _	_ _		\$
		_ _ _ _	_ _		\$
		_ _ _ _	_ _		\$
		_ _ _ _	_ _		\$
		_ _ _ _	_ _		\$
		_ _ _ _	_ _		\$
				<b>Total Fee</b>	<b>\$</b>

- Check here if you prefer to receive your receipt via e-mail when possible.
- Check here if your household has been approved for 2011 Fee Assistance. *Staff will verify at time of registration.*
- Check here if your household has been approved for 2012 Fee Assistance. *Staff will verify at time of registration.*

**Acknowledge, sign and date**

\_\_\_\_\_ **INITIAL HERE** Waiver: I understand that participation in this activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant(s). The City of Bloomington and L'il Flipsters Gymnastics, LLC shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant(s) which are directly or indirectly attributable to the negligence, whether passive or active, of the City and L'il Flipsters Gymnastics, LLC, their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant(s) and myself, I expressly release and discharge the City and L'il Flipsters Gymnastics, LLC, their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.

\_\_\_\_\_ **INITIAL HERE** Data Privacy: The data supplied on this form will be used to enroll you in a recreation and or social program. Some requested data is private. It is available to you and the City and L'il Flipsters Gymnastics, LLC staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but City and L'il Flipsters Gymnastics, LLC staff may not be able to complete your registration and/or you may not receive updated information.

**Parent Release Agreement:** City and L'il Flipsters Gymnastics, LLC staff takes pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington, Parks and Recreation expressing my wishes.

<b>Parent/guardian signature</b> _____	<b>Date</b> _____
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**Payment information**

Check # _____ (Payable to City of Bloomington)	Cash \$ _____
Cardholder's Name: _____	Cardholder's signature: _____
(Circle) Discover Mastercard Visa Am Ex    Card number _____    Expiration date: ____ / ____	