



Program Registration Form

Shoreview Parks & Recreation Department ■ 4580 Victoria St. N., Shoreview, MN 55126
 Telephone 651-490-4750 ■ Fax 651-490-4797 ■ Website www.shoreviewmn.gov

Register online at <https://registration.shoreviewmn.com>. In order to aid staff in processing registrations, please be sure to fill out registration forms completely. An incomplete form may delay your registration from being processing. Thank you!

LAST (PARENT'S/GUARDIAN'S NAME IF APPLICABLE) _____ FIRST _____ HOME PHONE (AREA CODE) _____

ADDRESS _____ CITY _____ ZIP _____ WORK PHONE (AREA CODE) _____

E-MAIL ADDRESS _____ EMERGENCY CONTACT NAME _____ PHONE (AREA CODE) _____



Participants First/Last Name	M or F	Date of Birth	Activity# 1st Choice	Activity# 2nd Choice	Activity Name/Level	Activity Time	Activity Location	Grade (if needed)	Per Person Fee
REFUND POLICY Fees, less \$5.00, refunded only if cancellation made five working days prior to the start of activity. Full refunds given only if Parks & Rec. Dept. cancels activity. Classes may cancel due to issues such as low enrollment.									Total Amount Enclosed \$

CONFIRMATION Confirmations will be issued by e-mail if an e-mail is provided. You can also view your class confirmation information on-line. See page 19 of the current issue of the ShoReview for complete details on on-line access.

Are you currently a Community Center member? Yes No
 Have you registered for classes here before? Yes No
 Have you moved recently? Yes No
 Please include your Client ID# (if you know it): _____

YOUTH SPORTS LEAGUES
Special Requests for Teammates are not guaranteed and are limited to one request per player. Group and/or chain requests not honored. The City encourages players to make new friends and develop social skills. If you sign up as a head coach, your child's registration will be reimbursed after season.
I would like to coach _____
Name of teammate request _____
School child attends _____
Grade _____
T-Shirt Size _____

PAYMENT TYPE If paying by credit card, please circle type.

Cash Check # _____ Credit Card:  

Checks payable to City of Shoreview.

Card # _____ Exp. Date _____

Signature _____

Billing address is different from above (Please include billing address)

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

WAIVER FOR PARTICIPANT In consideration of your accepting my child's entry or my entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Shoreview, the Parks and Recreation Department, or the school district and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I do hereby allow the City of Shoreview to use any photographs taken by the city, of the individual(s) named herein, in city informational publications released to the general public.

Signature: _____
 Your signature indicates you have read the registration information and understand all information relevant to your program choice.