



Program Registration Form

Shoreview Parks & Recreation Dept. | 4580 Victoria Street North | Shoreview, MN 55126
 Phone: 651.490.4750 | Fax: 651.490.4797 | Web: www.shoreviewcommunitycenter.com

Please fill out the form below completely. An incomplete form may delay your registration.
 If you prefer, you may register online at: <https://registration.shoreviewmn.com>.

LAST NAME (PRIMARY)	FIRST NAME (PRIMARY)	HOME PHONE (AREA CODE)
ADDRESS	CITY	ZIP
E-MAIL ADDRESS	EMERGENCY CONTACT	

Participants Last Name/First	M/F	Birthdate	Activity Number	Activity Name	Activity Day/Time	Fee \$

Are you a Silver & Fit® member? Yes No
 Are you a Community Center Annual member? Yes No

Total Amount Enclosed \$

YOUTH SPORTS LEAGUES (Please fill out completely)

Special requests for teammates are NOT guaranteed and are limited to ONE REQUEST PER PLAYER. Group and/or chain requests will not be 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 the season is completed.

School child attends: _____

Grade (2018-2019 school year): _____

Child shirt size: Youth / Adult S M L XL

Teammate request name: _____

I would like to coach: Y N shirt size: S M L XL XXL

Coach Name: _____

Bring this form to the Parks & Recreation desk or lower level service desk.

PAYMENT TYPE

Check # _____ Checks Payable to "City of Shoreview"

Credit Card



Due to PCI compliance we cannot take credit cards via registration forms. Please provide a phone number and our staff will call you within one business day to obtain credit card information.

Phone number: _____

Special Needs/ Allergies/ Etc: _____

WAIVER AND PERMISSION: 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 further understand that the personal information I provided on this form, (name, birth date, address, email address, phone number), is considered private data and not giving the information may limit future contact about program updates and changes. I understand that this information is available to staff, coaches, volunteers, contractors, city auditors, attorney, and insurers as needed to perform their job duties. I do hereby allow the City of Shoreview to use any photographs and videos taken by the city, of the individual(s) named herein, in city print and electronic publications released to the general public.

Signature: _____ **Date:** _____

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