

**PARTICIPANT INFORMATION** \*Use a separate form for each participant\* Please print & complete all information  
 Mail or Bring to: **Columbia Heights Recreation, 530 Mill Street N.E., Columbia Heights, MN 55421 ph: 763-706-3730**

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male or Female: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Additional Info/Special Needs: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Name & Phone #: \_\_\_\_\_

**ACTIVITY / PROGRAM INFORMATION**

Activity Name	Activity Location	Activity #	Fee
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
	*Make Checks payable to "City of Columbia Heights"	<b>Total Due =</b>	

**DATA PRIVACY ADVISORY:** By signing below, I understand that this information will only be made available to program staff, the City's insurer and attorney, and to others connected with the program for the purposes of administering the activity and providing me with the notice of scheduling changes.

**I, The Undersigned,** participant, do hereby agree to participate in the aforementioned activity(ies), and I further agree to indemnify, and hold the City of Columbia Heights harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of, or in any way connected with, participation in this activity.

Parent/Guardian or Adult Participant Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amt. Paid \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Charge \_\_\_\_\_ Initial \_\_\_\_\_  
 Uniform Deposit (if needed) Cash \_\_\_\_\_ Check # \_\_\_\_\_  
 Notes: \_\_\_\_\_

**REGISTRATION INFORMATION**