## **REGISTRATION FORMS**

REGIST <u>RA</u>	TION FORM	City of <u>Arden H</u>	11115, 12+ <u>5 West</u>	ingilway <u>90, Alue</u>	n Hills, Min	55112
				Date of		
Nork Phone:		Cell Phone:		Home Phone:		
School:	EI	mail:		Grade in <b>2023-</b> 2	2024 School	Year:
Activity Name:		Activity Name:		Activity Name	e:	
Activity Code:		Activity Code:				
Fee: Start	Date:	Fee:	_ Start Date:	Fee:	Start Date	:
ocation:		Location:		Location:		
Please make check payable to the City of Arden Hills.				Totals:		
hild's name, age, grade le Ithough you are not legally	evel, address, telepho required to disclose t ture: Name:	one number, and health this information, failure to	information will be provid do so will prevent you/yo		, the city attorney n the program.	y, insurer, and au
I will help coach. Sp	orts: (leagues & s	Name Summer camps)	□YS (6/8) □YM	rt registration is free. (One Pho (10/12) □YL (14/16)	Dne#	1 🗆 AL
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION	s: (leagues & s	Name summer camps) _T City of Arde	□YS (6/8) □YM en Hills, 1245 Wo	(10/12) □YL (14/16) est Highway 96, A	DAS DAN	1 DAL MN 55112
I will help coach. Sp Youth Shirt Sizes REGISTRATION Participant's Name:	s: (leagues & s	Name Summer camps) CT City of Arde	□YS (6/8) □YM en Hills, 1245 We	(10/12) □YL (14/16) est Highway 96, A Date of E	ne#ASAN ASAN rden Hills, Birth:	1 🗆 AL MN 55112
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         Participant's Name:         address:	s: (leagues & s	Name	□YS (6/8) □YM en Hills, 1245 Wo Gender: _City:	(10/12) □YL (14/16) est Highway 96, A Date of B	ne# <b>AS AN</b> <b>rden Hills,</b> Birth: Zip:	1 DAL MN 55112
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         articipant's Name:         ddress:            lome Phone:	s: (leagues & s	Name summer camps) _T City of Arde	□YS (6/8) □YM en Hills, 1245 Wo Gender: City:	(10/12) □YL (14/16) est Highway 96, A Date of E Cell Phone:	ne# <b>AS AN</b> <b>rden Hills,</b> Birth: Zip:	1 DAL MN 55112
I will help coach. Sp Youth Shirt Sizes REGISTRATION articipant's Name: ddress: lome Phone:	s: (leagues & s	Name summer camps) City of Arde Work Phone: A	□YS (6/8) □YM en Hills, 1245 We Gender: City: ARP Number	Pho (10/12) □YL (14/16) est Highway 96, A Date of F Cell Phone:	rden Hills, Birth: Zip:	1 DAL MN 55112
I will help coach. Sp Youth Shirt Sizes REGISTRATION Participant's Name: ddress: lome Phone: fmail: Activity Name:	I FORM ADUL	NameNameNameNameNameNameNameNameNameActivity Name:	□YS (6/8) □YM en Hills, 1245 Wo Gender: City: ARP Number	(10/12) □YL (14/16) est Highway 96, A Date of E Cell Phone: Activity Nan	ne#AS □AM	1 □AL MN 55112
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         Participant's Name:         address:         Iome Phone:         imail:         Activity Name:         Activity Code:	s: (leagues & s	Name	□YS (6/8) □YM en Hills, 1245 Wo Gender: City: ARP Number		ne:	1 DAL
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         Participant's Name:         address:         iome Phone:         iomail:         Activity Name:         Activity Code:         Start Date:	s: (leagues & s	Name	□YS (6/8) □YM en Hills, 1245 Wo Gender: City: ARP Number	(10/12)       □YL (14/16)         est Highway 96, A            Date of F            Cell Phone:            Activity Nan            Activity Cod         Start Date:	ne:	1 DAL MN 55112
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         Participant's Name:         Address:         Home Phone:         Email:         Activity Name:         Activity Code:         Start Date:	s: (leagues & s	Name	□YS (6/8) □YM en Hills, 1245 Wo Gender: City: ARP Number		ne:	1 DAL
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         Participant's Name:         Address:	I FORM ADUL	Name	□YS (6/8) □YM en Hills, 1245 We Gender: City: ARP Number Fee:	Pho           (10/12)         □YL (14/16)           est Highway 96, A            Date of F            Cell Phone:            Activity Name            Activity Cod            Start Date:            Location:	ne:	1 DAL
I will help coach. Sp  Youth Shirt Sizes  REGISTRATION Participant's Name:  dome Phone:  mail:  mail:  Activity Name:  Start Date:  Cocation:  Please make check Refund Policy: No refun redit will be considered if	s: (leagues & s	Name	□YS (6/8) □YM n Hills, 1245 We Gender: Gender: ARP Number ARP Number Fee: h Hills. ed or approval is given ss. Refunds will be issu	Pho           (10/12)         □YL (14/16)           est Highway 96, A            Date of F            Cell Phone:            Activity Name            Activity Cod            Start Date:            Location:		I □AL MN 55112 Fee:
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         Participant's Name:         address:         dome Phone:         imail:         Activity Name:         Start Date:         Start Date:         Location:         Please make check         Refund Policy: No refun         redit will be considered if         year of issue date. The         on will not be assessed t         Vaiver of Liability:	s: (leagues & s	Name	□YS (6/8) □YM m Hills, 1245 We Gender: Gender: City: ARP Number Fee: Fee: Fee: Fee: S. Refunds will be issued or approval is given s. Refunds will be issued trative fee for all refunds of being permitted to pagility for personal injury of the second sec	Pho (10/12) □YL (14/16) est Highway 96, A Date of B Cell Phone: Activity Nan Activity Cod Start Date: Location: Tota by the Arden Hills Parks a led in the form of a credit v /voucher requests. Cance writcipate in the activity, do which may result from part		I □AL MN 55112 MN 55112 Fee: Fee: Pepartment. Partit d must be used w by Parks & Recr b hold harmless t
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         Participant's Name:         address:         dome Phone:         imail:         Activity Name:         Activity Name:         Cocation:         Cocation:         Please make check         tefund Policy:         No refun         redit will be considered if         year of issue date. The         on will not be assessed to         /aiver of Liability:         /aiver of Hills and is         cludes any injuries which         ennessen Warning:         Thou/Your child's name, age	Fee:	Name	□YS (6/8) □YM n Hills, 1245 We Gender:	Pho (10/12) □YL (14/16) est Highway 96, A Date of B Cell Phone: Activity Nan Activity Cod Start Date: Location: Tota by the Arden Hills Parks a led in the form of a credit v /voucher requests. Cance writcipate in the activity, do which may result from part		I □AL MN 55112 MN 55112 Fee: Pepartment. Partit d must be used v by Parks & Recr b hold harmless t activity. This wa and equipment ne the city attorney, i
I will help coach. Sp Youth Shirt Sizes REGISTRATION articipant's Name: ddress: ddress: ddress: ddress: ddress: articipant's Name:  ddress: ddress: ddress: articipant's Name:  ddress: articipant's Name:  ddress: ddress: articipant's Name:  articipant's Name:  articipan	I FORM ADUL FORM ADUL FORM ADUL FORM ADUL FEE: FEE: FEE: FEE: FEE: FEE: FEE: FEE	Name	□YS (6/8) □YM m Hills, 1245 We Gender: City: ARP Number Fee: Fee: Fee: Fee: Fee: Fee: Fee: Fe	Pho (10/12) □YL (14/16) est Highway 96, A Date of B Cell Phone: Cell Phone: Activity Nan Activity Cod Start Date: Location: Tota by the Arden Hills Parks a led in the form of a credit v /voucher requests. Cancer riticipate in the activity, do which may result from part ements thereto. rify eligibility and determin will be provided to city sta o do so will prevent you/you		I □AL MN 55112 MN 55112 Fee: Pepartment. Partit d must be used w by Parks & Recr b hold harmless t activity. This wa and equipment ne the city attorney, i articipating in the
I will help coach. Sp         Youth Shirt Sizes         REGISTRATION         'articipant's Name:        ddress:        dd	I FORM ADUL     Form ADUL     Fee:      Fee:	Name	■YS (6/8) ■YM  In Hills, 1245 We  Contemporation Gender: City: Ci	(10/12)       □YL (14/16)         est Highway 96, A         Date of B         Cell Phone:         Activity Nan         Activity Cod         will be form of a credit to         voucher requests. Cance         Intricipate in the activity, do         which may result from part         end os owill prevent you/you         Date		I □AL MN 55112 MN 55112 Fee: Pepartment. Partit d must be used v by Parks & Recr by hold harmless t activity. This wa and equipment n e city attorney, i articipating in the