



Vadnais Heights Parks & Recreation

Registration Form

Please fill out a separate form for each activity/child.
Additional forms may be photocopied or picked up at City Hall.

All information must be completed before registration can be processed.
Incomplete applications will not be processed and will be returned.

Questions? 651-204-6061 or 651-204-6060

Online: www.cityvadnaisheights.com

Drop off: City Hall, Monday-Friday from 8 am-4:30 pm
(After hours drop-box located in driveway)

By mail: City Hall, 800 East County Road E, Vadnais Heights, MN 55127

For your convenience we recommend you register online at www.cityvadnaisheights.com. Simply click on Recreation, then click on the activity that you are interested in and follow the prompts. There is no additional fee to register online.

Participant's name	Date of birth	Age	Gender	Grade Level/School Name
Activity name	Activity number	Time	Fee	

Make checks payable to: The City of Vadnais Heights – **All NSF checks are subject to a \$30.00 return check fee. Refund policy:** Refunds will be issued when requested, two working days prior to the activity/class starting date. A \$5 service charge will be deducted from refund.

Parent/Guardian	Primary Phone	Alternate Phone
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E-mail (REQUIRED -please print clearly-program updates are sent by email)		
Street Address	City/State	Zip
Emergency Contact (REQUIRED)	Phone	Relationship

I am interested in being a volunteer coach. Name/Day Phone: _____ Coach T-Shirt Size: _____

Any information our staff should be made aware of (i.e. disability, allergy, special need, etc.): _____

Special requests for teammates are not guaranteed and are limited to one request per player. Group requests will not be honored. It is the City's goal to encourage players to make new friends and develop social skills.

Name teammate request here: _____

PERMISSION AND WAIVER I hereby agree to allow my child or myself to participate in the above named activity. In consideration of your accepting this registration, I hereby, by myself and my heirs, waive any and all rights and claims for damages I may have against the City of Vadnais Heights and its representatives, for any and all injuries from whatever cause suffered by the above participant(s) in the indicated activity. I understand that the information that I have provided will be distributed to individuals involved with each recreation program. The City of Vadnais Heights may take pictures and videos of participants enjoying their activities, and I grant permission for the City to use the name, image, and quotes of my child (ren). **AGREEMENT:** By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. By signing below, I accept the conditions of this application.

Parent/Guardian signature

Date

CONFIRMATIONS – An automated confirmation email will be sent to the email provided above.

Office use only	Date: _____	By: _____
Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amount \$ _____		