REGISTRATION	FORM City of Arde	n Hills, 1245 W	est Highwa	iy 96, Araen	i 11111113, 1V	IIV 33112
Participant's Name:	•	Ger	nder:	Date of E	Birth:	
Address:						
Work Phone:						
School:	Email:		Gra	ade in 2022-2	2023 Sch	ool Year:
Activity Name:	Activity Nam	e:		Activity Name:	:	
Activity Code:	Activity Code	e:		Activity Code:		
Fee: Start Date: _	Fee:	Start Date:				ate:
Location:	Location:			Location:		
Please make check paya	ble to the City of Arden	Hills.		Totals	s:	
Refund Policy: No refunds are matconsidered if cancellation is due to a The registrant will be assessed a \$3 Waiver of Liability: I, the undersigned den Hills and its employees and agree which may result from the condition Tennessen Warning: The informational child's name, age, grade level, and Although you are not legally required Parent/Guardian Signature: Print Parent/Guardian Name:	njury or serious illness. Refunds of 5.00 administrative fee for all refunded, or my child, in consideration of ents from any and all liability for pees of the playing field and any improduces, telephone number, and head to disclose this information, failu	will be issued in the form d requests. Cancellation of being permitted to patersonal injury which may overments thereto. form will be used to ver alth information will be re to do so will prevent	n of a credit vouc ns initiated by Pa rticipate in the ac result from parti ify eligibility and o provided to city you/your child fro	her only and must arks & Recreation stivity, do hereby a cipating in this act determine staff, far staff, volunteers, im participating in Date:	be used with will not be as gree to hold ivity. This wa cility, and eq the city attor the program.	nin a year of issue date. seessed the \$5.00 fee. harmless the City of Araiver includes any injuries uipment needs. You/Yourney, insurer, and auditor
				ion is free (One	child per tea	ım coached.)
Please Help Coach! If you sign	up to coach (for sport leagues, r	iot classes) your crillo	s sport registrat	1011 10 11 00. (0110 1		
Please Help Coach! If you sign I will help coach. Sport	Name_	ps) □YS (6/8) [□YM (10/12)	Phor	□AS □	AM □AL
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