

# St. Louis Park Community Education

## Registration Form

Parent/Adult (1) \_\_\_\_\_  
 e-mail address \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Adult (2) \_\_\_\_\_  
 e-mail address \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Special Needs? \_\_\_\_\_ Sr Program Member yes no \_\_\_ Ucare # \_\_\_\_\_

Participant Name _____
If child: DOB _____ M _F School _____
Class Title _____
Class # _____ Fee _____
Class Title _____
Class # _____ Fee _____

Participant Name _____
If child: DOB _____ M _F School _____
Class Title _____
Class # _____ Fee _____
Class Title _____
Class # _____ Fee _____

Participant Name _____
If child: DOB _____ M _F School _____
Class Title _____
Class # _____ Fee _____
Class Title _____
Class # _____ Fee _____

Participant Name _____
If child: DOB _____ M _F School _____
Class Title _____
Class # _____ Fee _____
Class Title _____
Class # _____ Fee _____

**Total Fees** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Please enclose a check, payable to ISD #283, or fill out credit card information below.**

**VISA/MC#** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Cardholder Signature** \_\_\_\_\_

**Permission and Waiver**

I hereby agree to allow my child, and/or myself to participate in the above named St. Louis Park activity. In consideration of you accepting this registration, I hereby, for myself and my heirs, waive any and all rights and claims for damages I may have against ISD #283 or the City of St. Louis Park and its representatives, for any and all injuries from whatever cause suffered by the above participation in the indicated activity. In case of emergency, the staff has my permission to use their judgement with regard to treatment until I can be contacted. I also understand that the information that I have provided will be distributed to individuals involved with each program.

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

**Please send your registration to *one* of these offices. Do not fax your registration form to both offices, as duplications may occur. You can register for both adult and youth classes on the same form.**

**AQUATICS/PRESCHOOL/YOUTH/FAMILY**

Mail to:  
 Central Community Center  
 6300 Walker St.  
 St. Louis Park, MN 55416  
 Phone: 952/928-6777 FAX: 952/928-6728

**ADULT ENRICHMENT**

Mail to:  
 Adult Enrichment / Lenox Community Center  
 6715 Minnetonka Blvd.  
 St. Louis Park, MN 55426  
 Phone: 952/928-6442 FAX: 952/928-6447