



ACTIVITY REGISTRATION FORM

If Participant is under 18,
 Parent/Guardian First & Last Name: _____

Address: _____ Primary Phone: _____

City: _____ State: _____ Zip: _____ Secondary Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____
 (if different from above)

Special Needs, Disabilities or Allergies we should be aware of: _____

Participant's First & Last Name	M/F	D.O.B (REQUIRED)	Activity Name	Activity Code	Location	FEE

55+ SENIOR TRIP REGISTRATION

Participant's First & Last Name	D.O.B (REQUIRED)	Trip Name	Trip Code	Pick-up Location	Special Requests	FEE

<input type="checkbox"/> Cash	<input type="checkbox"/> Visa/MC/Amex/Disc # _____	Expire: _____	TOTAL DUE:
<input type="checkbox"/> Check # _____	SecCode: _____	Signature for card: _____	

CONSENT TO RELEASE OF INFORMATION & RELEASE OF LIABILITY

In consideration of your accepting this registration for my child (or person I am responsible for as guardian), or myself, I authorize the City of Golden Valley and its partner cities or other governmental agencies (hereinafter collectively "City") to disclose to the City's insurer, attorney, staff, coaches, participants and other personnel involved in this program the following information: name, address and telephone number. This information shall be used for the purpose of program administration. This consent to release information shall expire one year from the date of execution. I understand that the records are protected under the state and federal privacy regulations. I also understand that I may cancel this consent by a writing to that effect at any time prior to the information being released. I give my consent to use any photograph or video tape taken of my child (or person I am responsible for as guardian), or myself for future promotional or marketing materials. In consideration of the City providing the registered activities, I agree to release and not hold the City liable for any claim, damages or loss resulting from participation in any such activity, including claims for injuries, death and resulting medical costs and attorney fees. The completion of your registration signifies your acceptance of this consent.

SIGN: _____ **DATE:** _____

OFFICE USE	Date Received	By	Date Processed	By	Amount Paid
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