



Blaine Birch Bay Park & Recreation Program Registration Form

All participants must fill out completely and are required to have this filed annually.

ADULT/PARENT/GUARDIAN INFORMATION - Please Print (*Highlighted areas MUST be filled out completely*)

First Name:	Middle:	Last Name:	Birthdate:	Gender:
Home Address:	Apt:	City:	State:	Zip:
Phone: _____ Cell: _____	Please check one: Blaine-Birch Bay School District Resident <input type="checkbox"/> Non-Park District Resident <input type="checkbox"/>			
Would you like to receive class information updates by email? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email:			

CHILD INFORMATION (additional space on back) - Please Print

First Name:	Last Name:	Birthdate:	Gender:	Home Address:
First Name:	Last Name:	Birthdate:	Gender:	Home Address:

EMERGENCY CONTACT INFO FOR PARTICIPANT:

Name:	Relationship:	Phone:	Does this person reside with you? ◇ Yes (If yes please provide alternate number)
Are there any allergies or medical information we need to know? If yes, please list:			

PROGRAM INFORMATION

Program Name:	Participant Name:	Fee:
Program Name:	Participant Name:	Fee:
Program Name:	Participant Name:	Fee:
___Cash___Check (#) Checks payable to BBBPRD2.		Total Payment \$

WAIVER INFORMATION:

Blaine-Birch Bay Park & Recreation District 2 (BBBPRD2) reserves the right to photograph program participants for publicity purposes. Please note that these photos are for BBBPRD2 use only and may be used in future program guides, web pages, fliers, visual presentation, and the like. Please notify us if you do not want photos of you or anyone in your family used for these purposes.

All participants or guardians of participants must sign the following waiver: We/I, realizing no insurance coverage is provided for the participant, will assume financial responsibility for any cost relation to any accident, injury, or disease outbreak that might occur while participating in the above named program(s). Furthermore, I will not hold BBBPRD2 and any affiliated, employees/volunteers or anyone otherwise involved in named programs responsible for any accident, injury or disease outbreak that might occur while participating in a BBBPRD2 program or activity.

Signature: _____ Date: _____

CHILD INFORMATION (additional space on back) - Please Print

First Name:	Last Name:	Birthdate:	Gender:	Home Address:
First Name:	Last Name:	Birthdate:	Gender:	Home Address:
First Name:	Last Name:	Birthdate:	Gender:	Home Address:
First Name:	Last Name:	Birthdate:	Gender:	Home Address: