

Registration Forms

Please mark your calendar with class start dates!
Please read refund policy on Registration Page.

PARTICIPANT'S FIRST NAME _____ LAST NAME _____ BIRTHDATE _____ GENDER: (CIRCLE) **M** **F**

ADDRESS _____ CITY _____ STATE _____ ZIP _____

() () ()
 HOME PHONE WORK PHONE OTHER PHONE E-MAIL

Course #	Course Name and Level	Start Date	Fee	Check #/Cash
TOTAL				

 CARDHOLDER'S SIGNATURE

VISA/MASTERCARD NUMBER _____ EXPIRATION DATE _____ TEAM NAME (FOR LEAGUES) _____

I understand that participation in this activity is completely voluntary and that the activity is being offered for the benefit of the participants named above. I agree that the participants are participating in the activity at their own risk. I also agree that the City of New Brighton, its agents and employees, will not be liable for any claims, injuries or damages of any nature incurred by the participants due to the negligence of the City, its agents or employees, arising out of or connected with the activity. On behalf of myself and the participants, I expressly release and discharge the City of New Brighton, its agents and employees, from any such claims, injuries or damages.

 PARENT OR PARTICIPANT SIGNATURE DATE

PARTICIPANT'S FIRST NAME _____ LAST NAME _____ BIRTHDATE _____ GENDER: (CIRCLE) **M** **F**

ADDRESS _____ CITY _____ STATE _____ ZIP _____

() () ()
 HOME PHONE WORK PHONE OTHER PHONE E-MAIL

Course #	Course Name and Level	Start Date	Fee	Check #/Cash
TOTAL				

 CARDHOLDER'S SIGNATURE

VISA/MASTERCARD NUMBER _____ EXPIRATION DATE _____ TEAM NAME (FOR LEAGUES) _____

I understand that participation in this activity is completely voluntary and that the activity is being offered for the benefit of the participants named above. I agree that the participants are participating in the activity at their own risk. I also agree that the City of New Brighton, its agents and employees, will not be liable for any claims, injuries or damages of any nature incurred by the participants due to the negligence of the City, its agents or employees, arising out of or connected with the activity. On behalf of myself and the participants, I expressly release and discharge the City of New Brighton, its agents and employees, from any such claims, injuries or damages.

 PARENT OR PARTICIPANT SIGNATURE DATE