A Morning at the North Pole

ages 10 & under with an adult

Spend a morning with your family at the North Pole! Don't miss out on this memorable event. We will take a picture of your kids with Santa and email it to you OR bring your own camera for pictures with Santa. Fee includes a continental breakfast for one child and one adult, crafts for one child, and a visit with Santa. Pre-registration is required and limited to 25 children per time slot. Event held at Blaine City Hall Atrium.

DATE: **Saturdays, December 5 or 12**

TIME: **9, 10, 11 AM or noon**

FEE: **$10 per child resident; $11 per child non-resident**
Fee includes 1 adult. Additional adults are $2 each.

Celebrating 50 Years
BLAINE
1964 ~ 2014

BlaineEvents.com • 763-785-6164

City of Blaine
Parks & Recreation
Department

PARKS & RECREATION ACTIVITY REGISTRATION FORM

10801 Town Square Drive, Blaine, MN 55449

Parks & Recreation Office: 763-785-6164 www.blaineparks.com

Family Last Name	Address			Phone #1
First Name of Parent/Guardian (if under 18)	City	State	Zip	Phone #2
Emergency Contact Name & Phone (if different from above)	E-mail Address: _____			

Participant's First & Last Name	M/F	D.O.B.	Grade	Activity Name	Date(s)	Time	Location	FEE

ONSENT 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 Blaine 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 not hold the City liable for any claim resulting from participation in any such activity, including claims for injuries, death and resulting attorney fees. The completion of your registration signifies your acceptance of this consent.

_____

SIGNATURE

DATE:_____

LIST ANY DISABILITY, ALLERGY OR SPECIAL NEEDS CONCERNS:

_____

_____

PLEASE ENTER PAYMENT TYPE:

( ) Cash ( ) Check ( ) VISA ( ) MasterCard ( ) Discover

Card #: _____ Exp. Date: _____

Signature: _____

OFFICE USE ONLY

Fee Paid: _____

Date: _____

Rec'd By: _____

MAX: _____