OAKDALE
RECREATION

ACTIVITY
Registration Form

SEND COMPLETED FORMS BY MAIL, DEPOSIT IN DROP BOX, OR FAX

Mail (or Drop Box): Oakdale Recreation
4444 Hadley Ave. N.
Oakdale, MN 55128

Fax: 651-747-3861

PERSON MAKING PAYMENT

Name:
Address:
Phone Number: ( ) -
Second Number: ( ) -
Email:

EMERGENCY CONTACT (IF APPLICABLE)

Name:
Phone Number: ( ) -
Relationship:

PERMISSION AND WAIVER

In consideration of your accepting this registration, I hereby, for myself and my heirs, waive any and all rights and claims for damages I may have against the City of Oakdale and its representatives, for any and all injuries from whatever cause suffered by the participant(s) listed in the indicated activities. I understand that the information that I have provided will be distributed to individuals involved with each recreation program.
Oakdale Recreation often takes pictures and video of participants for program promotion. The completion of your registration signifies your acceptance of this consent.

REGISTER PARTICIPANTS

Participant Full Name	Gender	Birthdate	Activity Name	Start Date, Time	Location	Fee
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
	M / F					$
					Total	$

Receipt sent by email. Receipt also available by mail if requested. ◯ Please mail my receipt.

Signature_____Date_____

PAYMENT ◯ Check payable to "City of Oakdale"#_____ ◯ Cash

◯ VISA ◯ MC ◯ DISC ◯ AMX #_____ Exp_____/_____ Code_____