



# ActivePass Program Registration Form

Please print neatly, fill out completely and return to a recreation center.

#1 Parent/Guardian/Adult's First Name \_\_\_\_\_ LastName \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender Identity:  F  M (optional)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

#2 Parent/Guardian/Adult's First Name \_\_\_\_\_ LastName \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender Identity:  F  M (optional)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

#1 Child's First Name \_\_\_\_\_ LastName \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender Identity:  F  M (optional)

#2 Child's First Name \_\_\_\_\_ LastName \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender Identity:  F  M (optional)

Child(ren) resides with  Mother  Father  Aunt  Uncle  Grandparent  Other \_\_\_\_\_

Check this box if the address above is the same as the child(ren). If not, please enter information below.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Please list any medical conditions, special accommodations or allergies:

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### DATA PRACTICES ACT/ TENNESSEN WARNING MINNESOTA GOVERNMENT DATA PRACTICES ACT

Your name, address, telephone number and other identifying information are private and cannot be given to the general public. The MPRB needs this information for the enrollment of a participant in a recreational program and to be able to contact you, if necessary. If you do not provide the information, the participant may not be able to enroll in the requested program. The information you provide may be released to: persons authorized to have access to the information under state or federal law; persons authorized by court order to have access to the information; persons to whom you have given written consent to have access to the information; and all individuals employed by or entities under contract with the MPRB who have a need and a right to know the information in order to administer the program.

### PROGRAM NOTIFICATION & ACKNOWLEDGEMENT

ActivePass programs vary in length, format, participant age and level of supervision. It is highly recommended a parent/guardian is present and participates when appropriate for the duration of the ActivePass program. **BY SIGNING UP FOR AN ACTIVEPASS YOU ACKNOWLEDGE THAT NOT ALL ACTIVEPASS PROGRAMS PROVIDE SUPERVISION.** All participants and parents must comply with Hennepin County Child Protection Guidelines. For more information on ActivePass Programs and which programs are supervised please contact a recreation center directly.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICE USE ONLY

New Card

Replacement Card

Date \_\_\_\_\_ Date entered into Database \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Form of Identification \_\_\_\_\_

Date/Name of Verbal Acknowledgement of Tennessee Warning (if applicable) \_\_\_\_\_

Staff Name \_\_\_\_\_