

Dayton City Hall
 12260 S. Diamond Lake Road
 Dayton, MN 55327
 763.427.4589



Dayton Activity Center
 18461 Dayton Street
 Dayton, MN 55327
 763.428.4692

Dayton 4 Life Program & Activity Registration Form

Participant _____ Date of Birth _____ Gender _____

Silver Sneakers # (if applicable) _____

Participant Concerns* _____

Street Address _____

City _____ State/Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____

Emergency Contact _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____

Program Name	Fee
Subtract any applicable discounts	-\$
Total Due**	

**Special needs, disability, allergies, medical condition*

***Registration will not be complete until payment is processed*

Missed Classes: There will be no refunds for missed classes or discontinuing after the class start date.

Cancellations: Refunds will be given for registrations cancelled 3 days or more prior to the start of the class; a \$3 cancellation fee will be charged.

Notice: Information requested on this form is classified as either "public" or "private" pursuant to the Minnesota Government Data Practice Act. The information is requested so the registration process can be completed and persons can be notified for updated program information. You are not legally required to provide this information. The consequences of not providing the information may be rejection of the registration or the inability to make notification of program or scheduling changes to you. Private data will only be used by the City staff and others officially connected with the program for the purposes of administering the activity. Private data cannot be released to the public without your consent.

Permission and Waiver: I hereby agree to allow my child to participate in the above named Recreation Department activity. In consideration of your accepting this registration, I hereby, for myself and my child and heirs, waive any and all rights and claims for damages I may have against the City of Dayton and its representatives, for any and all injuries from whatever cause suffered by the above participant(s) in the indicated activity. I understand that the information that I have provided will be distributed to individuals involved with each recreation program. The Recreation Department often takes pictures/videos of participants enjoying their activities. These are used for program promotion, brochures, scrapbooks, and staff training. I grant permission to use pictures of myself and my child(ren) for the above purpose.

Participant Signature: _____ Date: _____

Payment: Cash Check # _____ Make checks payable to the **City of Dayton**

Credit Card Payment: Credit card payments are not accepted through the mail or fax. Please call Dayton City Hall at 763.427.4589 or visit our office at 12260 S. Diamond Lake Road, Dayton, MN 55327