

Please Return Form to:  
Anthony Garnett  
8900 Portland Avenue S.  
Bloomington, MN 55420

## Galaxy Youth Center: Registration Form

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Primary Language: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Special Concerns or Needs (ex. Allergies, ADHD, etc.): \_\_\_\_\_

### Payment Options:

There is a daily fee of \$1.00. Youth may pay daily or you may pre-pay for as many days as you want (ex. 20 days = \$20.00). Please plan carefully as there are NO REFUNDS for unused days. Scholarships and reduced fees are available for eligible families.

Check One: MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Waiver:

I understand that participation in this program and its activities is completely voluntary and that it is for the benefit of the participant. The City of Bloomington and Bloomington Public Schools Community Education shall not be liable for any claims, injuries or damages (of whatever nature) incurred by the participants which are directly or indirectly attributable to the negligence (passive or active) of the City, School District, its agents or employees. I also understand that the waiver includes any injuries that may result from the condition of the facilities used in the activity or program.

### Data Privacy:

The data supplied on this form will be used to enroll your child in a recreational and/or social program. Because some of the requested data is private, it is available to you and the City staff who need this information to perform their duties, but it is not available to the public. You are not legally required to provide this data, but City staff may not be able to complete your registration and/or you may not receive updated information.

### Parental Permission:

- Staff may take my child on walking field trips within the community.
- Staff may take photographs and/or videos of my child during program activities. These photos, along with quotes, may be used for promotional purposes and or presentations.
- Staff, interns, and volunteers may collect evaluation data regarding the program and may ask my child questions about their participation in the program and how it has impacted them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_