



# 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:			

## **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.

**EMERGENCY CONTACT (IF APPLICABLE)**

Name:	
Phone Number:	(        )        -
Relationship:	

## REGISTER PARTICIPANTS

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

6

Please mail my receipt.

Total

\$

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>PAYMENT</b>	<input type="radio"/> Check payable to "City of Oakdale" #_____	<input type="radio"/> Cash				
Credit/Debit Card payments will have a processing fee of 3% plus \$00.30 per transaction charged.						
<input type="radio"/> VISA	<input type="radio"/> MC	<input type="radio"/> DISC	<input type="radio"/> AMX	#_____	Exp _____/_____	Code _____