

# Water Park Programs



INVER GROVE HEIGHTS  
PARKS & RECREATION

## WINTER 2017

### Saturday Swim

Join us Saturday mornings for a splashing good time at our water park. Water features will be turned off at this time.

**9-11 a.m. Fee: \$3 per person**

### Sunday Splash

Join us on the 3rd Sunday of every month at the water park.

We will turn the features on for this special day. Dates are:

Sunday, Dec. 18, Jan. 15, Feb. 19, March 19 & May 21

**9-11 a.m. Fee: \$5 per person**

### Splash-tacular Thursday

Join us Saturday mornings for a splashing good time at our water park. Water features will be turned off at this time.

**Thursday, Feb. 16 5:30-8:30 p.m.**

**Fee: \$10 per person** (Pre-registration required)

**FA-W216**

### Splash Dance

Join us for some splashing, dancing fun! We will have music playing while you splash!

**Friday, Feb. 17 12-3 p.m.**

**Fee: \$8 per person or \$25 per family** (4 people)

*These activities are not sponsored by ISD 199*

Register at [www.invergroveheights.org/register](http://www.invergroveheights.org/register)



Veterans Memorial Community Center  
8055 Barbara Avenue, IGH, MN 55077  
651.450.2585 / 651.554.3441



# REGISTRATION FORM

## INVER GROVE HEIGHTS PARKS & RECREATION DEPARTMENT

### PARENT / LEGAL GURDIAN INFORMATION:

Registration Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_




Email: \_\_\_\_\_ Member #: \_\_\_\_\_

**TO BETTER SERVE OUR PARTICIPANTS:** Please note any information we should be aware of (i.e. disability, allergy, special needs, etc...)

### YOUTH SPORTS LEAGUES:

- **Volunteer Coach?** Yes \_\_\_\_ Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- **Special request for teammate** (only for carpool purposes, not guaranteed, group/chain requests not honored) \_\_\_\_\_
- **We reserve the right to cancel a team without a coach.**

PARTICIPANT NAME	M/F	DOB M / D / Y	SCHOOL	GR	PROGRAM / CLASS NAME	PROGRAM #	FEE

<b>PAYMENT TYPE:</b> Credit Card:    (check one)	Cash ____	Check # ____ (made payable to VMCC)	<b>TOTAL: \$</b> _____
Card Info			
Name on card _____		Card Number _____	
Signature _____		Expiration _____	Code _____

**PROGRAM /CLASS REFUNDS:** Your money will be refunded if your class/program is cancelled due to insufficient enrollment or if it is filled before we receive your registration. Refunds will be issued in the form of a check or reimbursement to your credit card.

**If YOU cancel your class/program:** Up to the start date of your class, you will receive a full refund less a \$5 processing fee. No refunds will be given after the start date of the program. Field trips, S.P.A.R.K., Mayer Arts, Music Together, Skyhawks Sports Camps and adult league refunds are not given after the registration deadline. The Kids R.O.C.K. enrollment fee is non-refundable.

**Concussions:** The Minnesota State Legislature passed a new law (Minnesota Statutes, Section 121A.37), which went into effect September 1, 2011 aimed at preventing and identifying concussions in youth participating in sports. Training will be provided to all coaches, staff and instructors. Free online course and credible information on the CDC website: Heads Up: Concussion In Youth Sports [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html)

**Tennessean Warning:** The information requested on the registration form will be used to verify eligibility and determine staff, facility and equipment needs. The information you provide may be provided to City staff, volunteers, legal counsel, insurers and auditors. Although you are not legally required to disclose the information requested, failure to do so will prevent you or your child(ren) from participating in the activity or program. Participation in the activity for which you are registering for is strictly voluntary. The activity you are registering for is not an essential service provided by the City.

**Photographs of Participant:** I understand that photographs of Participants may be used in the City's promotional or other published materials. If Participant does not wish to be photographed or included in these materials, Participant must provide written notice of the same. Assumption of Risk: By executing this form, you are acknowledging that the activity you are registering for may be dangerous and may involve certain risks, including but not limited to bodily injury, personal injury, sickness, disease, death and property loss or damage to yourself or others. By executing this form and participating in this activity, the Participant is assuming all such risks, known or unknown, anticipated or unanticipated.

**Required Waiver:** In consideration for being allowed to participate in the activity, Participant and/or Participant's parent, legal guardian, or conservator hereby releases, indemnifies, defends and holds harmless the City, its officers, officials, employees, insurers, agents, contractors, representatives, and servants, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments, and other obligations (including attorneys' fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arise out of, or are in any way related to, participation in the above-described activity or use of the City's facilities/property.

**Note:** If Participant is under 18 years old or has a legal guardian or conservator, this release must be signed by the custodial parent, legal guardian or conservator. I certify that I am the custodial parent, legal guardian or conservator of the above-named Participant. I hereby consent to his/her participation in this activity and any emergency medical treatment which may be rendered to Participant. I shall be liable for the cost of such medical treatment or services. I have read and understand the above terms and conditions and agree to be bound by them.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Name of Parent / Legal Gurdial / Conservator

\_\_\_\_\_  
Signature of Participant (if over 18) / Parent / Legal Gurdial / Conservator

\_\_\_\_\_  
Date