St. Louis Park
MINNESOTA
Experience LIFE in the Park

PARKS AND RECREATION DEPARTMENT
3700 Monterey Drive, St. Louis Park, MN 55416
Office: 952.924.2540 • Fax: 952.925.5663

WESTWOOD HILLS NATURE CENTER
8300 W. Franklin Ave., St. Louis Park, MN 55426
Office: 952.924.2544 • Fax: 952.797.9691

Parent/guardian _____ Primary phone _____
(Last name, first name)

Address _____
(Street) *(City)* *(ZIP)*

Email _____

Emergency contact _____ Cell phone _____

I am interested in being a volunteer (check all that apply) ☐ Coach ☐ Assistant/team manager

Participant first and last name	Date of birth	2025 – 2026 grade and school	Activity name, date, time	$ Fee per person
I would like to include a tax-deductible donation to the Access to Fun scholarship fund.			ACCESS TO FUN	
				Total enclosed

HEADS UP CONCUSSION IN YOUTH SPORTS

The St. Louis Park Parks and Recreation Department is committed to educating youth athletic volunteers, officials, instructors, parents and participants about the nature and risks of concussions. Information regarding concussions is available at cdc.gov/concussioninyouthsports.

To better serve our participants, we ask that you share any information you feel our staff should be made aware of (i.e. disability, allergy, special needs, etc.).

Refund policy: Fees, less 20% administration fee will be refunded only if cancelation is made prior to the start of the first day of the activity. Full refunds are given only if the parks and recreation division cancels the activity.

Permission and waiver: I hereby agree to allow me or my child(ren) to participate in the activity for which I am registering. In consideration of 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 St. Louis Park and its representatives, for any and all injuries from whatever cause suffered by participant(s) in the activity for which I am registering. I understand that the information that I have provided may be distributed to individuals involved with each program. The St. Louis Park Parks and Recreation Department regularly takes photos and video of program participants for use in promotional materials and staff training. I grant permission to use the name, pictures and quotes of my child(ren) or me for those purposes.

Parent/guardian signature _____

Date _____

Office use only

Amount received	Date received	Received by
Check/authorization number		

Make checks payable to the City of St. Louis Park.

Charge my:

☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Card number _____

Expires _____ Security code _____

Signature _____