

# ROCKS Program Registration Info

**To Register:** Please fill out all forms completely. Additional forms can be found online at [www.FridleyMN.gov](http://www.FridleyMN.gov)

◆ Fill out the *Program Registration Form* for your family. Please include all phone numbers of parents/guardians, emergency contact and authorized release contacts (please fill out a form for each child). Please note: your child will only be released to those listed on the registration form. After the time of registration you may add someone to your authorized release contacts by calling the Recreation Division at 763-572-3570.

◆ Fill out the *Health and Medical Information* form for each child you are registering.

◆ **Payment**

❖ **Pay in full at registration (check, cash, credit/debit card)**

**OR**

❖ **Weekly (\$150/week, \$120 for Week #1, Week #3, and Week #4)**

◆ Sign the Financial Agreement below as well and the Acknowledgement and Liability Form.

◆ Include payment. If you would like to set up a payment plan please indicate on the Financial Agreement and we will automatically charge your credit card each week.

◆ Return your registration:

**Mail-In:** Mail your registration form with payment to City of Fridley Recreation, 7071 University Avenue NE, Fridley, MN 55432.

**Walk-In:** Recreation office hours are M-F, 8 a.m. - 4:30 p.m.; located in Fridley City Hall.

**Call:** Recreation registration line 763-572-3570 M-F, 8 a.m. - 4:30 p.m.

**E-mail:** Accepted with VISA or MasterCard payment; send to [recreation@fridleymn.gov](mailto:recreation@fridleymn.gov) (credit card numbers can be submitted over the phone or online using your family's account).

**\*\*Due to the complexity of the ROCKS registration we do not except registrations online.\*\***

## Financial Agreement

This agreement is made and entered into between \_\_\_\_\_ (Parent/Guardian name) and the City of Fridley Recreation Division. I agree to pay the applicable fees for the weeks I have registered my child(ren) \_\_\_\_\_ (Child(ren)'s Name(s)) for under the following terms:

Please check one:  Weekly payment plan (automatic payments by credit/debit card).  
 Pay in full at the time of registration.

**If you carry a balance:**

1. Payments will be made automatically by credit card for the registered weeks. The first week's payment is due at the time of registration. Credit cards will be charged on the Monday preceding the week of service.
2. If a payment is declined you must pay current balance to continue participation in the program.
3. Your balance due may be paid in full at any time

**CANCELLATION:** Cancellations must be made by June 1st. After that date refunds will only be allowed if a replacement registration is available.

**OTHER:** A late pick-up fee of \$5 in increments of 5 minutes past the assigned pick-up time will be assessed per household.

I have read the above terms and understand the financial commitment and responsibility to the City of Fridley, and that there are no exceptions to these terms. I recognize that this is a legal agreement. I sign below with the full knowledge and consent of its meaning and importance.

In addition, I authorize the City of Fridley to charge my credit card on a weekly basis for my child's ROCKS program fees. Credit Cards will be charged the Monday prior to the week of care. Weekly program costs are \$150 (\$120 for Week #1, Week #3, and Week #4) per child. I agree that I will notify the Recreation Department to any changes in order to guarantee accurate charges to my credit card. I understand that I may notify by e-mailing [recreation@fridleymn.gov](mailto:recreation@fridleymn.gov) or calling the Recreation Department at 763-572-3570.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

VISA     MasterCard    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    CVC: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

# Program Registration Form

## Participant Information (one form per family)

Child 1 First Name	Child 1 Last Name	DOB	Grade
Child 2 First Name	Child 2 Last Name	DOB	Grade
Child 3 First Name	Child 3 Last Name	DOB	Grade
Child 4 First Name	Child 4 Last Name	DOB	Grade

## Parent/Guardian and Emergency Contact Information

Parent/Guardian 1	Primary Phone	Secondary Phone
Email	Address	City, State, Zip
Parent/Guardian 2	Primary Phone	Secondary Phone
Email	Address	City, State, Zip
Emergency Contact 1	Primary Phone	Secondary Phone
Relationship to child	Authorized Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact 2	Primary Phone	Secondary Phone
Relationship to child	Authorized Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact 3	Primary Phone	Secondary Phone
Relationship to Child	Authorized Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Authorized Pick-up Information

Anyone authorized to pick up the child(ren) not already listed above: Persons not listed will NOT be permitted to remove child(ren) from program.


Anyone NOT authorized to pick up the child(ren): Must have a court order on file to stop non-custodial parent/guardian from taking child(ren).

## Vacation Weeks (2 weeks maximum tuition free)

Vacation Week(s) if known (2 week notice required):

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If at anytime you need to change this information please contact the Recreation Office at 763-572-3570 and NOT the on-site Recreation Staff.

# Health and Medical Information

**Please fill out one form per child** (additional forms can be found on our website).

Child's Name: _____
Does your child have any medical conditions or special needs that the Fridley ROCKS staff should be aware of? If so, an Inclusion Assessment Form (IAF) must be filled out. Please contact Fridley Recreation for the form. <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please describe: _____ _____ _____

Is your child on medications? <input type="checkbox"/> No <input type="checkbox"/> Yes
If so, what medications: _____
If so, does the medication need to be administered while at ROCKS? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does this medication need to be refrigerated? <input type="checkbox"/> No <input type="checkbox"/> Yes
If your child needs medication(s) administered while attending ROCKS, you will need to fill out a medication permission form. Please contact the Fridley Recreation Division for the Medication Permission Form.

Are there any activities that your child may not participate in: <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what type of activities? _____
Is there any other information you feel staff should be aware of (child behaviors, life changing events, etc)? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what? _____

Do you carry medical Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes
Carrier: _____ Policy/Group # _____

## Medical Information

Primary Clinic: _____
Primary Physician: _____
Address: _____
Telephone Number: _____

## Dental Information

Primary Clinic: _____
Dentist: _____
Address: _____
Telephone Number: _____

# Acknowledgement and Liability

## **Photo Release**

By signing below I authorize the use of photos of the above participants and am aware that they may be used in local newspapers and/or Parks and Recreation Department publications (brochure, web site, flyers, etc.). I will call the Recreation office at 763-572-3570 if I do not want my child(ren)'s photographs used.

## **Transportation Release**

By signing below I authorize the transportation to and from activities, or to obtain medical attention by the Recreation Department and/or their contractors (i.e., bus company) and waive and release any rights and claims for damages I may have against the agency providing the service.

## **Data Privacy Warning**

In accordance with the MN Government Data Practices Act, the Parks and Recreation staff of Fridley hereby informs you that the personal information we are requesting of you and/or your child on our registration form is considered private. Private data is available to you and to City staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the City's Recreation staff may not be able to complete your registration and/or you may not receive updated program information such as schedule changes, etc.

## **Liability Waiver**

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the agency providing the activity listed above and its representatives, successors and all injuries suffered by myself or my child at any activity sponsored by these groups. This release does not apply to injuries as the result of willful, wanton, or intentional misconduct.

## **Medical Care**

The only first aid measures taken during the ROCKS program are as follows:

- Bump or bruise: Apply ice if needed
- Splinter: First Aid by qualified staff member
- Cut or scratch: Clean with soap and water and attend to as needed
- Nose bleed: Apply tissue with pressure

If further care is needed, we will notify a parent/guardian

## **Emergency Medical Care**

By signing below I authorize the Fridley ROCKS staff and Recreation Division to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I will be responsible for the emergency medical charges upon receipt of statement.

*I, the undersigned, have read the above information pertaining to the Photo Release, Transportation Release, Data Privacy, Liability, and Medical Care release.*

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Registrant/Parent Signature

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Date