



Chaska Police

Two City Hall Plaza, Chaska, MN 55318 • 952-448-4200 • Fax 952-448-2307

Chaska Safety Camp

Location: Chaska Fire Department

Times: 8:00 a.m. to 4:30 p.m.

Ages: Youth entering 2nd to 4th Grade in fall

Deadline to apply: June 1

ACTIVITY REGISTRATION FORM

Participant's Name _____ M or F

Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Emergency Contact Name & Phone (if different from above): _____

Special Needs, Disabilities, or Allergies that we should be aware of: _____

Special Diets cannot be accommodated. Please bring a bag lunch and snacks from home if needed.

D.O.B _____ Age _____ Grade _____ (entering school year in fall)

I would like to be in the same group as _____

(We will do the best we can to accommodate; if you request to be with a friend that friend must also request you and be sent in together)

Cost of the two-day camp: \$40.00 *Limited scholarships available*

Fee includes: Lunch and snacks, games and activities, camp t-shirt, and more!

Space is limited. For more information, visit our website, www.chaskamn.com/safetycamp.

Registration forms and payment must be turned into the Chaska Police Department. If you have questions, contact **Officer Janke** at **952-448-4200** or e-mail at jjanke@chaskamn.com.

CONSENT TO RELEASE OF INFORMATION & RELEASE OF LIABILITY In consideration of your accepting this registration for my child (or person I am responsible for as guardian), or myself, I authorize the City of Chaska, Chaska Police Department to disclose to the City's insurer, attorney, staff, coaches, participants and other personnel involved in this program the following information: name, address and telephone number. This information shall be used for the purpose of program administration. This consent to release information shall expire one year from the date of execution. I understand that the records are protected under the state and federal privacy regulations. I also understand that I may cancel this consent by writing to that effect at any time prior to the information being released. I give my consent to use any photograph or videotape taken of my child (or person I am responsible for as guardian), or myself for future promotional or marketing materials. In consideration of the City of Chaska, Chaska Police Department and Chaska Fire Department providing the registered activities, I agree to not hold the City or its entities and staff liable for any claim resulting from participation in any such activity, including claims for injuries, death and resulting attorney fees. The completion of your registration signifies your acceptance of this consent.

Parent/Guardian Signature: _____

PAYMENT TYPE:

() Cash () Check # _____ () Scholarship _____ **TOTAL DUE:** _____

OFFICE USE ONLY

Fee Paid:

Date: