

REGISTRATION FORM
Please complete and return to

Minnesota Pioneer Park
725 Pioneer Park Trail
Annandale, MN 55302

***** DISCLAIMER WAIVER *****

Parent/Guardian must complete this form

I release Minnesota Pioneer Park from any liability in case of an accident and I give Pioneer Park permission to administer minor injury medical attention to my child.
I _____, give my permission to Minnesota Pioneer Park to contact _____ at (phone) _____, in case of an emergency if I am unavailable.

PARENT (or guardian) signature _____ Date _____

***** REGISTRATION *****

Pre-registration is required as camp size is minimum of three (campers) maximum of 8 campers, ages 8-13 per session. Please return this form with the camp fee (\$30.00 per child/per day) as soon as possible to reserve a place for your child. The time is from 9:00 am - 3:00 pm, Mondays and Wednesdays. Please check day/days using separate separate registration form for each child.

June 11____ 13____ 18____ 20____ 25____ 27____

Child's name _____ Age _____ Grade _____

Street address _____ City/State/Zip _____

Phone _____ Work phone _____ Camp Date _____

Amount enclosed _____ Special dietary needs: _____

Child is allergic to: _____ Foods: _____

04/26/2007