

PARTICIPANT INFORMATION

Head of Household Contact:

Today's Date: _____

First Name: _____ Last Name: _____

Street Address: _____ City: _____

State/Zip Code: _____ Home Phone #: _____ Cell Phone #: _____

Email Address: _____ Gender: _____ Date of Birth: _____

Medical Alert Information (Allergies, etc.): _____

Emergency Contact First Name: _____ Last Name: _____

Relation: _____ Phone Number: _____

Check here if you are a previous customer.

Check here if you would like us to create your account.

The information in this section is REQUIRED to create an account for each family member at the same residence.

Default emergency contact will be the person listed above. Email above will be used for all additional members on the account.

Name (First & Last): _____ Gender: _____ Date of Birth: _____

Medical Alert Info: _____

Name (First & Last): _____ Gender: _____ Date of Birth: _____

Medical Alert Info: _____

Name (First & Last): _____ Gender: _____ Date of Birth: _____

Medical Alert Info: _____

WAIVER & RELEASE ACKNOWLEDGMENT

- I give my permission for pictures to be taken of the participant to be used by SOAR/Parks & Recreation for the purpose of promotion and education.
- I give my permission for the participant to receive transportation in vehicles owned or rented by SOAR/Parks & Recreation for use in programs and special events.
- I understand that Bloomington Parks & Recreation/SOAR does not carry medical insurance and assumes no liability for personal injuries or loss of personal property while attending department activities. A participant's own policy must cover any medical costs incurred.
- I understand that to be eligible for a refund or credit to the account, the request must be received no less than five (5) full business days prior to the start of the program. A \$5 service charge will be assessed per participant, per activity on any refund. No refunds for programs costing \$5 or less. Refer to the program guide for more information about illness/injury related requests.

By signing, I acknowledge that I understand and agree to the information above:

Signature of participant and/or legal guardian: _____ Date: _____
(participant needs to sign if own legal guardian)

Please turn page over to complete program registration information ----->

PROGRAM REGISTRATION INFORMATION

Participant Name	Shirt Size*	Program Name	Program Date/Time	Fee
TOTAL				

* T-shirts are provided for certain activities. Sizes available include: YS, YM, YL, AS, AM, AL, and AXL.

SOAR ONLY: Circle (YES) or (NO) if transportation is needed: **YES NO**
If yes, a program manager will reach out to you with further details.

ADA INFORMATION

To help Parks & Recreation/SOAR in providing a safe and satisfactory experience, please list any reasonable accommodations, changes in medications, behaviors, living situations, or other information you may need to participate successfully: _____

PAYMENT INFORMATION

Return Form to:

Checks payable to City of Bloomington.
Mail: Parks & Recreation
 PO Box 3157,
 Bloomington, IL 61702-3157
Fax: (309) 434-2483
Drop-off registration form:
 The Hub (open 8:00AM-4:30PM)
 115 E Washington St., Suite 103, Bloomington, IL 61701
Make a copy of the form or attach a separate piece of paper if additional lines are necessary.

Payment Information:

- Cash
- Check
- Credit Card

Credit Card Number	Expiration Date
Card Holder (print name)	Payment Amount
Authorized Signature	CVV #