

These Summer Shades classes are brought to you by Youth Development • Youth Service of Edina Community Education Services, Edina Public Schools. 5701 Normandale Road, Edina, MN 55424. Phone #952-848-3950.

REGISTRATION INFORMATION

Online:

Visit www.edinacommunityed.org

By Mail: Mail your registration, check or credit card number and expiration date to:

**Edina Community Education Services
5701 Normandale Road
Edina, MN 55424**

Make your check payable to: Edina Public Schools.

Fax It: Fill out a registration form including your VISA or Mastercard number and expiration date and fax it to us 24 hours a day at 952-848-3951.

In Person: Visit our office at the Edina Community Center. North entrance door 3.

Office Hours:
Monday - Friday, 8:00 am to 4:30 pm

EDINA COMMUNITY EDUCATION CLASS REGISTRATION

Check one: Adult/Youth <small>*Required for Youth Registration</small>	Adult	Youth	DOB*	Age*	Grade*	School*
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Participant's Name _____ Gender M F

Address _____

City _____ Zip _____ Home Phone _____

Parent Names/Emergency Contact (Required for participants under age 18)

Name _____ Name _____

Phone _____ cell work Phone _____ cell work

Email address _____ Email address _____

Course #	Course Title	Start Date	Time	Tuition
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

MEDICAL EMERGENCIES

- ▶ I give my permission for the staff to make whatever emergency (ie first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while attending the activity.
- ▶ In case of medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local emergency resource (police or rescue squad) deems it necessary. I will be responsible for the cost of the transportation.
- ▶ It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent, child's physician, and/or another adult acting on the parent's behalf.

OFF SITE TRIPS

- ▶ I give permission for my child to participate in the Summer Shades/Summer Surge classes, camps, and/or field trips. She/he understands the need to follow the guidelines of the staff.

PARENTAL PERMISSION

By registering for these classes, I give permission for my child to be included in photos or videos of activities that may be used in school district publicity and any media coverage, printed or electronic.

I, as the person responsible for payment, have read and fully understand the course description and guidelines stated in this registration and give my child permission to participate.

Parent or Guardian's Signature _____ Date _____

PAYMENT INFORMATION

Cash Card # _____ - _____ - _____ - _____ Total \$ _____
 Check Exp Date _____ / _____ VISA Mastercard
 Credit Card Signature and Cardholder Name _____