



# Black Hawk Ventures

*(After School Program for Black Hawk Middle School Students)*

## Spring 2022 Session

**Tues. & Thur., March 8 - May 12**

**3:15 - 4:45 p.m. (meet in Lecture Room)**

**#14314005-TH1**

**\$45/student\***

*\*However, there are many fee options available.*



Make new friends! Register now for a fun & unique afterschool program offering recreational activities, sports, games, art, and field trips. Students will take the activities bus home. Fee includes bus for field trips, daily snacks, equipment, and supplies. Please return the form to the BHMS office or to Eagan Parks & Recreation. You can also call to register (651-675-5500) by Tuesday, March 1. For more information, please call Loudi Rivamonte at (651) 675-5515 or email [lrivamonte@cityofeagan.com](mailto:lrivamonte@cityofeagan.com) or [mary.beck@district196.org](mailto:mary.beck@district196.org).

**Field Trips**

**Healthy Snacks**

**Program is in partnership  
with Blackhawk Middle  
School and the City of Eagan  
Parks & Recreation**

# REGISTRATION FORM

HOUSEHOLD PRIMARY NAME & DOB:

DOB  /  /

STREET ADDRESS:

CITY:

STATE:

ZIP:

EMERGENCY CONTACT: (outside household)

Eagan Parks & Recreation • 1501 Central Parkway • Eagan, MN 55121

OFFICE: (651) 675-5500 • TTY: (651) 454-8535

HOME PHONE: (  )

WORK PHONE: (  )

CELL PHONE: (  )

E-MAIL ADDRESS:

EMERGENCY CONTACT PHONE: (  )



**EAGAN**  
ESTABLISHED 1860

PARTICIPANT'S * First & Last Name	GENDER	DATE OF BIRTH	CURRENT AGE	ACTIVITY CODE # (ex: 11222001-MW)	PROGRAM NAME	If Applicable		FEE
						Toilet Trained	T-Shirt Size	
		/ /		12314005-TH1	BLACKHAWK VENTURES			\$45
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**\* Special or Adaptive Requirements:** To better serve our participants, we ask that you share any information you feel our staff should be made aware of (i.e. allergies, food restrictions, wheel chair/accessibility/mobility, special needs, etc.):

#### Time Payments:

2nd:

3rd:

Total Fee

Minus Gift Certificate/Scholarship

PAYMENT DUE

**Permission and Waiver:** I have read and understood the registration and refund policies. I, the undersigned, parent or guardian, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies). I hereby personally assume all risks in connection with this activity and I hereby agree to hold the City, its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by the City or anyone acting on behalf of the City. Eagan Parks & Recreation periodically takes pictures of participants during programs and in the parks. Please be aware that these photos may be used in the City's brochures, pamphlets or cable presentations. If you or your family members do not want to be photographed or published you must give us written notice.

Main Contact Signature

Date:

#### PAYMENT INFORMATION

☐ Cash

☐ Check #

☐ Gift Cert. #

☐ Amex

☐ Discover

☐ Mastercard

☐ Visa

*In order to protect credit information, please register at [www.cityofeagan.com/register](http://www.cityofeagan.com/register) or call Eagan Parks & Recreation at (651) 675-5500 to register with a credit card.*

Office Use Only:

Date Entered:  /  /

Received & Registered By:  (initials)