



Spring Lake Park Recreation Department

1301 81st NE, Spring Lake Park, MN 55432

Phone: 763-792-7201

Extended Tour Participant Information Form

Extended Tours – Check all that apply

National Parks Tour - Sep 5 - 16, 2024

Midwest Marvels-Ark Encounter - Apr 22 -27, 2024 Girlfriends Getaway - Sep 26 - 29, 2024

Lake Superior Loop - Jun 15-21, 2024 Omaha Holiday - Dec 3-6, 2024

Personal Information

Full name:

Name for Name Tag:

Home address:

Home phone:

Mobile phone:

Email address:

Occupancy: Single:___ Double:___ Triple:___ Quad:___

Roommate(s):

Room Requests:

Emergency and Medical Information

Emergency Contact:

Contact's phone:

Known medical conditions:

Known allergies:

Will you be using a walker/wheelchair?:

Other Information

Are you celebrating anything special this Trip?:

Birthdate:

Additional information you feel is necessary for us to know?:

If you have any specific needs, please contact Anne at 763-792-7231

Office Use

Payment Type: CC / Cash / Check	Amount Paid: \$	Ins. Info Provided:
Check No.:	Date Paid:	Entered:
Receipt Sent:	Receipt No.:	Initials:



Activity Waiver Form

All fields are required

Participant Name: _____

Email: _____ **Phone:** _____

Activity Name: _____

The Minnesota Data Privacy Act requires that personal information you provide remain private data and is not available to the public. By registering, you are consenting to allow personal data to be shared with essential personnel involved in administering the program. In consideration of your accepting this entry, I, along with my heirs, assigns, representatives, executors and administrators, hereby waive and release any and all rights, causes of action, and claims for damages I have or may in the future have against the City of Spring Lake Park and its representatives, officials, successors, and assigns for any and all injuries, including but not limited to any injury suffered as a result of my exposure to communicable diseases such as MRSA, influenza, COVID-19, or any other communicable disease, suffered by myself at the activity that I attend. Photo Waiver: I understand that the City may use photographs taken at its programs that picture me or my dependents for publicity purposes.

Required Signature: _____ **Date:** _____