



Children ages 3-5 this is a perfect class to get moving and learn new sports and skills. Amazing Athletes give every child the chance to learn the fundamentals of many different sports along with hand-eye coordination, gross motor skills and cognitive development. These sampler classes will include the following sports rotating every week: baseball, basketball, volleyball, football, golf, soccer, lacrosse, hockey and tennis.

Session 1 & 2 register by March 30. Session 3 & 4 register by July 27.

**Location:** Davis Community Center, (DCC), Golden Valley  
**Spring 1** Mondays, April 9-30 5:45-6:30 pm Activity # 111022-1  
**Spring 2:** Mondays, April 9-30 6:45-7:30 pm Activity # 111022-2  
**Fee:** \$40/session

**Location:** Crystal Community Center  
**Summer 1: Thursdays, August 2-23** 5:30-6:15 pm Activity # 211022-1  
**Summer 2: Thursdays, August 2-23** 6:30-7:15 pm Activity # 211022-2  
**Fee:** \$40/session

**Online registration is available at <https://webtrac.robbinsdalemn.com> or you can check the City's website: [www.robbinsdalemn.com](http://www.robbinsdalemn.com) for information or to follow the link to online registration.**  
 Mail/drop off with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422.  
 Call 763-531-1278, Monday-Friday, 8:30 am and 4:00pm. for more information or to register using Visa, MasterCard or Discover.  
 Refunds, program credits or transfers are allowed up to the printed deadline. All refunds are subject to a \$5.00 service fee. Confirmations are not sent. Participant should attend the activity unless informed it has filled or been cancelled. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account or to process the payment as a check transaction. Please print clearly. Make checks payable to City of Robbinsdale; 4100 Lakeview Avenue No., Robbinsdale, MN 55422

***Amazing Athletes Registration & Waiver Form***

Youth's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Indicate session/location: \_\_\_\_\_ Total AMT: \$ \_\_\_\_\_  
 Contact's Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W or cell) \_\_\_\_\_  
 Contact's email: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Payment:  CASH  CHECK  CREDIT CARD  
 Credit Card Number: \_\_\_\_\_ 3 or 4 Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Card Holders Signature: \_\_\_\_\_

**Please list any special needs or equipment participant may need:** \_\_\_\_\_

**Liability Waiver:**  
 The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents.  
**Photographs** are occasionally taken and may be used for promotional purposes of the recreation programs we offer. If you wish not to be photographed, check here \_\_\_

**Signature** Participant or guardian, if participant is under 18 : \_\_\_\_\_ **Date:** \_\_\_\_\_