

# Registration Procedures

On-line Registration Is HERE!!

In order to enhance our ability to serve our participants, we have implemented on-line registration for many of our recreation programs.

Online registration will begin at 6AM on Tuesday, December 1 .

All other registrations will begin Thursday, December 3.

**BEFORE** you register we need to have your family information in our computer system and provide you with a account user name and password.

To receive this information, please contact Parks and Recreation at 952-233-9500, Monday –Friday from 8 AM-4:30 PM.

Don't wait until December 1 to receive your user name and password, call ahead!

**Registration is Easy!**  
**Registration Form on page 40 & 41.**  
**[www.ci.shakopee.mn.us](http://www.ci.shakopee.mn.us)**

## 1. On-Line Registration

Access online registration through the City of Shakopee's web site at [www.ci.shakopee.mn.us](http://www.ci.shakopee.mn.us). Click on the Online Registration link along the left column.

On-line registrations allow immediate registration into some classes. The quickest way to find the class is to use the program number listed in the program description. Some programs are not available for online registration, such as fitness classes, adult sport leagues, city affiliated sports associations, and any program that requires pre-approval.

Once you have identified the class you wish to register for, add the class to your shopping basket and provide the appropriate credit card information to complete your transaction. Print a copy for your records.

Credit vouchers cannot be used when registering on-line for programs. If you have a credit on your account or have received a program voucher and want to use that as a form of payment, you must register in person or by mail.

Please call 952-233-9500, TTY 952-496-4122 if you have questions.

**Any mail-in, fax-in or in-person registration received before December 3 will not be processed prior to noon on December 3.**

## 2. Mail-In Registration

Fill out registration form completely. Letters of confirmation are not sent. Payment can be made by cash, check (payable to City of Shakopee), Visa or MasterCard.

Mail your registration form and payment to  
 Shakopee Parks and Recreation  
 1255 Fuller Street  
 Shakopee, MN 55379

## 3 Fax-in Registration

Fax your registration form and credit card payment to:  
 952-233-3831

## 4 In-Person Registration

Registrations may also be delivered in-person to the Community Center during operation hours.

## City-Affiliated Associations/Special Registration Dates

Most youth athletic associations have specific dates for Registrations. Please check individual program information to ensure you register correctly. Remember, credit card payments are not allowed for City-affiliated Association programs.

## Data Privacy

The Data Privacy Act requires that we inform you of your rights about the private data we are requesting on our forms. Private data is available to you but not to the public. The information which you provide will be made available to City staff persons in the Parks and Recreation Department, program participants, the City's insurer and attorney, and to the coach, supervisor, or instructor of the activity, who may be a City employee or volunteer. You can withhold this data, but we may not be able to complete your registration and /or you may not receive updated program information.

## Are you In?

The program will be held at the time and place indicated, and you are enrolled unless otherwise notified.

## Registration Deadlines

Registration deadlines are established for each class to help provide a positive experience for recreation program participants by ensuring appropriate staffing, supplies and facilities to meet the registration needs. Please refer to the program descriptions for each program's registration deadline.

If no registration deadline is listed, the deadline is seven days before the program begins.

## Wait Lists

Due to facility space and staff limitations, many classes have registration limits. When classes have reached their maximum registration, a waitlist will be started.

You will remain on the waitlist until the class begins. If an opening becomes available due to a cancellation, it will be offered to the first/next person on the waitlist until the opening is filled.

Every effort will be made to create additional class sessions, and you will be contacted if your registration is able to be accommodated. Once the class begins, if we have been unable to accommodate you, we will return any fee(s) paid.

We appreciate your understanding when we are not able to accommodate cancellations, transfers or registrations after the registration deadlines.

## Transfers

Prior to the class start date, Shakopee Parks and Recreation will make every effort to accommodate your request to transfer to another class, however, that may not always be possible. There is a \$5 service fee charged on all class transfers that needs to be paid at the time of request.

## Missed A Class?

Make-ups for individual missed classes will not be accommodated.

## Refund Policy

Registration fees for programs cancelled by Parks and Recreation Department receive a full refund.

If you cancel your registration before the registration deadline, Shakopee Parks and Recreation will refund your registration fee, minus a \$5 processing fee. No refunds will be given if a cancellation is requested after the registration deadline.

Credit vouchers cannot be used when registering on-line for programs.

If you have a credit on your account or have received a program voucher and want to use that as a form of payment, you must register in person or by mail.

## Confirmations

You can assume that you are in the class you registered for unless you receive a call to the contrary. We will call you only if:

- The class you have requested has reached its registration limit and you were placed on the waitlist.
- Your second choice was processed.
- Your registration form is incomplete.

For drop-off and mail-in registrations, please provide a self addressed stamped envelope with your registration form to receive a receipt confirming your registration.

## HOPE Scholarship Program

Financial aid for qualifying residents with financial limitations is available. For more information please contact Judy Techam at 952-233-9506; Monday –Friday from 8AM-4:00 PM. Applications are valid from September 1-August 30. Requests must be made one week before you plan to register.

## Non-Resident Fee Policy

All participants living outside the city limits of Shakopee, (Jackson Township, Louisville Township, IDS #720, and other surrounding communities) will pay new non-resident fees for recreation programs.

All non-resident participants must pay a yearly non-resident registration fee of \$36. This amount is per person and must be paid when registering for the first time each year. The \$36 is required for city recreation programs as well as city-affiliated associations. Non-resident fees are not applicable to one day events, field trips or adult athletic leagues.

All non-residents must pay the non-resident program fee that is shown under each program description.

## Yearly Non-Resident Registration

Non-residents are required to pay the \$36 non-resident fee by registering for the following program when registering for the first time each year. Participants living in Louisville Township and Jackson Township must still register for this program, however, the \$36 will be paid by the township at the end of the year.

Jackson Township Residents :  
Program # YNRFJ 100

Louisville Township Residents:  
Program # YNRF 200

IDS #720 Residents & other Communities  
Program # YNRF 500

## What is Inclusion?

The City of Shakopee Parks and Recreation Department is dedicated to:

- Providing opportunities for everyone to be a valued customer and welcomed participant in programs, regardless of ability.
- Providing reasonable accommodations as needed.
- Providing the same choices and opportunities that other residents have.

## Inclusion Process:

- Register for the desired program.
- Please indicate the participant's special need on the registration form.
- Contact Brad Eller at 952-233-9507 three weeks prior to the start of the program to discuss strategies for inclusion and for staff to gather information about the participant. You may be asked to complete a confidential intake assessment in order for staff to gain appropriate information about the participant's abilities.

**City Of Shakopee Parks And Recreation**  
**1255 Fuller Street, Shakopee, MN 55379**  
**Phone: 952-233-9500 Fax: 952-233-3831**

**If registering for swim lessons, please include a 2<sup>nd</sup> choice.**

PLEASE PRINT

PARTICIPANT First and Last Name	M/F	BIRTH DATE	AGE	GRADE	PROGRAM NAME	PROGRAM #	PROGRAM TIME	FEE

**ADDITIONAL FEES MUST BE PAID AT THE TIME OF REGISTRATION**

**Yearly Non-Resident Registration**

Residents of Jackson Township, IDS #720 and other communities will pay the \$36 by registering for the following program when registering for the first time each year. Participants living in Louisville Township must still register each participant for this program, however, the \$36 will be paid by the township at the end of the year.

(Please check one)

_____ Jackson Township Residents :	<b>Program # YNRFJ 100</b>	_____	<i># of participants</i>	_____	<i>Total Due</i>
_____ Louisville Township Residents:	<b>Program # YNRFL 200</b>	_____		_____	
_____ Non-Residents	<b>Program # YNRF 500</b>	<b>Fee: \$36</b>		_____ X \$36 =	_____

<b>Office Use Only</b>
Amount Paid: _____
Date: _____

**Address :** \_\_\_\_\_  
*Street City Zip code*

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_  
*First & Last Name Birthdate First & Last Name Birthdate*

**Father's Work Phone** (\_\_\_\_) \_\_\_\_\_ **Mother's Work Phone** (\_\_\_\_) \_\_\_\_\_


**Father's Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Mother's Cell Phone** (\_\_\_\_) \_\_\_\_\_

Participant special needs or requirements: \_\_\_\_\_

Refund Policy: A full refund will be given if an activity is canceled by the Parks and Recreation Department. A \$ 5.00 service fee will be charged for cancellations requested by individuals prior to the registration deadline. No refunds will be made after the deadline date.

As lawful consideration for being permitted to participate in the City of Shakopee Parks and Recreation Department program listed above, I agree that the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations shall be held harmless and exempt from liability for any injury or disability which I or the participant of the program listed above might incur as the result of participation in the program, due to the passive or active negligence of the City, School, Association, its agents, employees, elected officials, or volunteers. This release of liability of the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations does not include any injuries that I or the participant of the program incur as the result of willful, wanton or intentional misconduct by the City of Shakopee, School District #720, and/or City Affiliated Athletic Associations, its agents, employees, elected officials or volunteers. This agreement is specifically binding upon my spouse, heirs and assigns and the spouses, heirs and assigns of the participant of the program. With my signature, I verify I have read the above release statements:

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

CREDIT CARD NUMBER		Visa ____ MasterCard ____
Exp. Date	Name as it appears on card	

**Credit Cards Are Not accepted for Athletic Association Programs.**

**Youth Sports programs are dependent on your help.**

**Please be a volunteer:**

**COACH** \_\_\_\_\_ **Activity** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Res	\$ _____	Cash	_____ Check _____
Non-Res:	\$ _____	CC Auth	_____
YNRF 500	\$ _____	Date:	_____
Voucher Amt	-\$ _____		
Total	\$ _____	Rec'd	_____

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_____ Non-Residents	<b>Program # YNRF 500</b>	<b>Fee: \$36</b>		_____ X \$36 =	_____

<b>Office Use Only</b>
Amount Paid: _____
Date: _____

**Address :** \_\_\_\_\_  
*Street City Zip code*

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_  
*First & Last Name Birthdate First & Last Name Birthdate*

**Father's Work Phone** (\_\_\_\_) \_\_\_\_\_ **Mother's Work Phone** (\_\_\_\_) \_\_\_\_\_


**Father's Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Mother's Cell Phone** (\_\_\_\_) \_\_\_\_\_

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**COACH** \_\_\_\_\_ **Activity** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Res	\$ _____	Cash	_____ Check _____
Non-Res:	\$ _____	CC Auth	_____
YNRF 500	\$ _____	Date:	_____
Voucher Amt	-\$ _____		
Total	\$ _____	Rec'd	_____