



July 8, 2026

## Cops ‘n Bobbers Fishing Registration/Consent Form

Send completed registration forms to:

Via Email: [westhennepin@westhennepin.com](mailto:westhennepin@westhennepin.com)

In Person: 1918 County Road 90, Maple Plain 55359

Child’s Name: \_\_\_\_\_

Child’s Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Child’s Shirt Size: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (needed for lifejackets)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any disabilities or behavior concerns: \_\_\_\_\_

Please list any allergies or medical conditions: \_\_\_\_\_

Drop Off: \_\_\_\_\_ Pick Up: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**\*\*ID will be checked at both drop off and pick up**

**NOTICE:** Information requested on this form is classified as either “public” or “private” pursuant to the Minnesota Government Data Practice Act. The information is requested so the registration process can be completed and persons can be notified for updated program information. You are not legally required to provide the information. Not providing the information may be rejection of the registration or inability to make notification of program or scheduling changes to you. Private data will only be used by staff and others officially connected with the program for the purposes of administering the activity. Private data cannot be released to the public without your consent.

**PERMISSION AND WAIVER:** I hereby agree to allow my child to participate in the Cops ‘n Bobbers Fishing Program (“Program”). In consideration of accepting this registration, I hereby, for myself and my heirs, assume all risks, both known and unknown, associated with participation in the Program and waive any and all rights and claims for damages I may have against the West Hennepin Public Safety, its officers, employees, agents, representatives, and volunteers (“Released Parties”), for any and all injuries from whatever cause, including, but not limited to, negligence by the Released Parties, suffered by the above participants(s) in the indicated activity. I understand that the information that I have provided will be distributed to individuals involved in the program. I also understand that pictures may be taken of the participant in the program and are used for program promotions, brochures, scrapbooks, and staff training. I grant permission to use the pictures of my child(ren) for the above purposes.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_