



# Clintonville Parks & Recreation Department

## REGISTRATION FORM (Please Print Clearly)

ONE FORM PER PARTICIPANT

### GUARDIAN'S INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE (PRIMARY) \_\_\_\_\_ (SECONDARY) \_\_\_\_\_

EMAIL \_\_\_\_\_ EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT PHONE (PRIMARY) \_\_\_\_\_ (SECONDARY) \_\_\_\_\_

RESIDENCY: Your residency is based on what city/town you pay taxes to, not necessarily what your mailing address indicates. (Please check one)  City of Clintonville Resident  Non – Resident

### PARTICIPANT'S INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_\_\_\_

GRADE 2021-2022 \_\_\_\_\_ M/F \_\_\_\_\_

PROGRAM	FEE
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

CHECK ONE	CHECK ONE
<input type="checkbox"/> YOUTH or <input type="checkbox"/> ADULT	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
<input type="checkbox"/> YOUTH or <input type="checkbox"/> ADULT	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
<input type="checkbox"/> YOUTH or <input type="checkbox"/> ADULT	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
<input type="checkbox"/> YOUTH or <input type="checkbox"/> ADULT	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
<input type="checkbox"/> YOUTH or <input type="checkbox"/> ADULT	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
<b>YXS (2-4), YS (6-8), YM (10-12), YL (14-16), YXL (18-20)</b>	

Do you require special accommodations? If so, please describe: \_\_\_\_\_

GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*I have read and understand the liability information listed below\***

**GUARDIAN'S CONSENT:** As a parent or guardian of the participant above I hereby give my consent to the following: 1) To participate in programs sponsored by the Clintonville Parks & Recreation Department. 2) Permission for the administration of first aid, other medical treatment and related transportation as necessary. In addition, on behalf of the participant listed above, I understand that there are certain risks of injury inherent in the participation of the above listed programs, and I agree to assume all risks of his/her participation. I further agree to indemnify and save harmless the City of Clintonville and any and all of its employees as well as volunteers working with the Clintonville Parks & Recreation Department from and against all claims, suits, damages, costs, losses and expenses, in any way resulting from or arising out of injuries or losses sustained while participating in the Clintonville Parks & Recreation Programs.

### SUBMIT FORM AND PAYMENT AT:

Clintonville City Hall, 50 10<sup>th</sup> St., Clintonville, WI 54929

For Office Use Only:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Total Fee Paid: \_\_\_\_\_ Coach: \_\_\_\_\_

Summer: 100-46770-40 (4050) Fall: 100-46775-40 (4037) Soccer: 100-46730-40 (4044)