

Clintonville Parks & Recreation Division



2024 REGISTRATION FORM

ONE FORM PER PARTICIPANT

(Please Print Clearly)

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** (In City Limits) **Non – Resident**(Embarrass/Larabee/Matteson etc.)

PARTICIPANT'S INFORMATION

LAST NAME _____ FIRST NAME _____ DOB _____

GRADE 2024-2025 _____ M/F _____

PROGRAM	FEE	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
TOTAL AMOUNT DUE	\$	YXS (2-4), YS (6-8), YM (10-12), YL (14-16), YXL (18-20)	

Do you require special accommodations (days of the week you cannot practice, etc.-soccer only) *Not guaranteed. 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 Division. 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 Division 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.

MAIL FORM AND PAYMENT AT:

Clintonville City Hall, 50 10th St., Clintonville, WI 54929

REGISTER IN PERSON AT:

Clintonville DPW Office, 30 S. Main 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)