

PROGRAM REGISTRATION FORM

RICHLAND CENTER PARKS & RECREATION DEPARTMENT

1050 N. Orange Street, Richland Center, WI 53581 (608) 647-8108 ext. 1

Family Last Name Zip Code_				Address			
E-mail Address					(For Recreat	ion Dept. Use	e Only)
Parent/Guardian Name .				Phor	ne Number		
Emergency Contact Name				& Number			
Participant's Name	Age	Date of Birth	Program Number(s)	Allergies	Medical Condition(s)	T-shirt* (if applicable)	Fee
* <u>T-shirt sizes:</u> YXS (4), YS (6-8), YM (10-12), YL (14-16), AS (Adult Adult Large), AXL (Adult Extra-Lar				ra-Large)		TOTAL	\$
Does the participan	t requir	e any ass	istance or acco	ommodation	s to participate?		
	Mail fo outh/Adi Mailir y of Rich gram/eve do herei ns for th articipati	rm and fee ult City Lea ig informat hland Cente ent particip by, for mys e damages on in the R	s to: 450 S. Main gues, please mak ion is available in er Parks and Recr pants. You are en elf, my heirs, exe that I may have o	Street, Richla te checks paya each of the le reation Depart couraged to o cutors, admin or that may he	btain your own insuran iistrators, waive, releas ereafter accrue to me a	gue.** e or cover any n ce prior to taki e, and forever o rising out of or,	ng part in discharge in any
l understand that th			-	-	ures of participants du	ring programs	<u>and</u>
	's (participant's name) photo to be taken and used. 's (participant's name) photo to be taken and used.						
I do not allow				_'s (participa	nt's name) photo to be t	taken and used	
Signature					Date		