

PROGRAM REGISTRATION FORM

RICHLAND CENTER PARKS & RECREATION DEPARTMENT

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

Family Last Name _____ Address _____

City _____ Zip Code _____

E-mail address _____ (For Recreation Dept. Use Only)

Parent/Guardian Name _____ Phone Number _____

Emergency Contact Name _____ & Number _____

Participant's Name	Age	Date of Birth	Program Number(s)	Allergies	Medical Condition(s)	T-shirt* (if applicable)	Fee
<i>*T-shirt sizes: YXS (4), YS (6-8), YM (10-12), YL (14-16), AS (Adult Small), AM (Adult Medium), AL (Adult Large), AXL (Adult Extra-Large)</i>						TOTAL	\$

Does the participant require any assistance or accommodations to participate?

For Parks and Recreation programs, please make checks payable to the City of Richland Center.

Mail form and fees to: 450 S. Main Street, Richland Center, WI 53581

For Youth/Adult City Leagues, please make checks payable to that specific league.

Mailing information is available in each of the league descriptions.

Waiver of Liability: The City of Richland Center Parks and Recreation Department does not provide or cover any medical or hospital insurance for program participants. You are encouraged to obtain your own insurance prior to taking part in any Department activity. I understand that program fees are non-refundable.

I understand that the RC Parks and Recreation Department takes pictures of participants during programs and uses them for marketing efforts. Please check the box that applies:

I allow _____'s (participant's name) photo to be taken and used.

I do not allow _____'s (participant's name) photo to be taken and used.

Signature _____ Date _____