

Program Registration Form

Family Last Name _____ Address _____

City & Zip _____ Home Phone _____

E-mail address (for Rec. Dept. use only) _____

Father's Name _____ Work Phone _____ Cell _____

Mother's Name _____ Work Phone _____ Cell _____

T-shirt Size Youth: YM____ YL____
(If Applicable)

Adult: Small____ Medium____ Large____ X-large____

Participants			2010-2011		Level/	
First Name	Sex	Age	Grade	Program Name	Session	Fee

Please make checks payable to the Village of Cross Plains

Late Fees (if applicable) _____

Total Money Due _____

I request my child to be on the same team as: _____ (first & last name) **Requests will only be made if parents are volunteer coaches.** Requests are not guaranteed, but we will do our best to grant the requests if at all possible.

Please check if you can volunteer coach _____ Which program (s) _____

Name of volunteer _____

Coach t-shirt size: S____ M____ L____ XL____ XXL____

INSURANCE WAIVER: In consideration of the opportunity to participate in this recreational program, I release the Village of Cross Plains and its employees, officers, and agents from all liability for any and all loss resulting from damage to my person or property, including death, which may result from participation in this recreational program, either within or outside the Village of Cross Plains. I further understand that statutes 893.80 & 895.52 of the Wisconsin State Statutes defines the limitations of the village as far as liability goes as it relates to recreational activities. Accidents are to be reported to the Village Office at once. However accident reporting is not intended to imply any kind of liability on the part of the Village, its employees, officers, or agents. I also hereby authorize emergency medical treatment for myself/son/daughter by any licensed emergency health car provider. I have read the foregoing release and fully understand it.

I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity and promotion relating thereto.

Special Need _____

Signature _____ Date _____